V. S. No. 1

N B WRITE DI NIV WITH HINDANING INK THIS IS A DEDMANENT BECODE BEAR AS INC. 16 1-6-	INIOL-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Bultimine	Registration Dist. No.
Village or City While Half Ind	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Robert agel.	Jan 1991 201 101 101 101 101 101 101 101 101 10
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Trace Trace OR DIVORCED (write the word)	21. DATE OF DEATH 7000. 29 193 3 (Year)
5a. If married, widowed, or disporced HUSBAND of (or) WIFE of Suppey James	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Shew. 6. 1873	I last saw h alive on, 19, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, tarm work SAWYER, BOOKKEEPER, etc. Industry or business in which	tente alcoholisin
a. Work was done as SILV MILL	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Flord Co	Other Contributory Causes of importance:
(State or country) Vd	
13. NAME Red ages	
14. BIRTHPLACE (city or town) Ploye Co	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louise Recks	23. If death wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Played Co	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT. Heigh agel (Address) Wobele Hall he	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place dying the Date Date , 1923	Nature of Injury
19. UNDERTAKER P. In arbitration of the (Address) while Halle may	24. Was diseese or injury in any way related to occupation of deceased? If so, specify
20. FILED NOV. 30, 1989 Trans OfBlake	(Signed) Miney Horner M. D. (Address) Mints Hall July
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as sevent—private family, cook—hotel. etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, veaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, spap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Perilonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	(12-0)
ould state	County Sallework	Registration Dist. No. 42
- /	Village or City Stalthorbe	No. 3 26 Seleva art St., Ward
0 /		death occurred in a horpital or institution, give its NAME instead of street and number) 7. 7. ds. How long in U.S. if of foreign birth?
PHYSICIANS oct Statement	2. FULL NAME AUGA MC Illaus	The state of the s
ater CI	2 + 1	- ON Ward
IXS F	(a) Residence: No. 3 7 6 Allua (Usual place of abode)	St',Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
d.	Thurse Wille Clary	(Month) (Day) (Year)
A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22_ I HEREBY CERTIFY, That I attended deceased from
X A class	(a) The on all suggesting alfal	Mr. 9 ,1933, to hav. 13 ,1933
	6. DATE OF BIRTH (month, day, and year Ally 27 / 86 4	I last saw he alive on 193, 193; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day	to have occurred on the data stated above, at T J. m.
stated proper ertifica	09 / O / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one et
be of	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	On the of the
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (morth and	Opershay
	SAW MILL, BANK, etc	
FT +	O 10. Date deceased last worked at this occupation (month and year) span in this year)	
AGE that ions o	RTO	Other Contributory Causes of Importance:
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Dally (State or country) New level (1994)	
upplied. terms, e instru	13. NAME Volum Me allhaner	
# 4	14. BIRTHPLACE (city or town) Illuming (State or country)	Name of operation Data of
aii S	- Committee of the contract of	What test confirmed diagnosis? Lethour was there an autopsy? ho
carefull 'H in pl ortant.	15. MAIDEN NAME willy E. M. Curley	23. If death was due to external causas (VIOLENCE) fill in also the following:
ld be careful DEATH in p y important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
be EA7 imp	(Stata or country) Receny Craceral	Whera did injury occur? (Specify city or town, county and State)
hould OF DI	17. INFORMANT MAD! Olding A Subject of Charles	Specify whether Injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
100	18. BURIAL, CREMATION, OR REMOVAL /Cein	Manner of Injury
- E · · ·	Place Uquesting S Data John 19 De	Nature of Injury
mation CAUS TION	19. UNDERTAKER Easton Son	24. Was diseasa or injury In any way ralated to occupation of deceased? No.
E O I	(Address) Ellieith City	If so, specify
(T)	20. FILED 11-15, 1933 Demyliffer	(Signed) MS away M.D.
	Registrar.	(Address) Halethorpe md.
	11 more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.-WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Balto Go.	Registration Dist, No. 2
Village or City Randall town.	No. Cassal field St., Ward death occurred in a hospital or a property of the street and number)
Length of residence in city of town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Laura, Bascher	
(a) Residence: No. Quyobung How (Usua/place of abode)	U. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OF RACE ORDIVORCED (write the word). Dutter S. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word).	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widewed, or divorced HUSBAND of G20. W. Bathler	22. I HEREBY CERTIFY. That I attended deceased from 1933 to 24 1933
6. DATE OF BIRTH (month, day, and year Jenne 28 1853	I last saw her alive on Mr. 25 , 1933; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade/profession, or particular	Obronic Surviva Tites
J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1931,
10. Data deceased last worked at this occupation (month and year) this occupation	Dither Contributory Causes of mportance:
12. BIRTHPLACE (city or town) Balk made	Thomas hite settine buku
13. NAME MOY Person	
13. NAME DOY VOIDER 14. BIRTHPLACE (city or town) - 1-2	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causas (VIDL ENCE) fill in also the following;
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT aug string. Horne) Seera (Address) Europhilled Rd. Kandsko ton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR MEMOVAL PURCE 12/12/1933	Manner of injury
19. UNDERTAKER Mrs Class U & Rohd & (Address) 2-3 - 7 Edmondson les	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/29/ , 19 33 MM. / Duffert Registrar.	(Signed Address) 300 2 Farreson Bed
1 Acgistus	,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal caus of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial n	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	causes of fin partance HOS	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
•	SECRITAED.			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
County Bal timore	Registration Dist. No.
Village or City Oanle	No. St. Ward
Langth of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James W. Beall	
(a) Residence: No. 26 Deeds Ave a (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith II. (nee atkins)	HEREBY CERTIFY. That attended deceased from
5. DATE OF BIRTH (month, day, and year) July 5, 1875.	I last saw h aliva on Alv 6, 19 3, 3 death is said
7. AGE Years Months Days If LESS than	The state of the s
min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of one of
8. Trade, profession, or particular kind of work dona, as SPINNER, Tochinist SAWYER, BDDKKEEPER, etc	Gerebul Entolina 3
Addustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	<u>k</u>
12. BIRTHPLACE (city or town)	Dthar Contributory Causes of importance:
13. NAME William Beall	9day
14. BIRTHPLACE (city or town)	Name of operation Data of What test confirmed diagnosis? Character via sthere an au'opsy?
15. MAIDEN NAME Mary C. Disney	23. If death was dua to externat causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
7. INFORMANT Mrs. James V. Beall (Address) 25 Toods Ave	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place IVY I emty Dee 11 19 19 19	Manner of injury
9. UNDERTAKER Harry A witzte (Address) 101 Admondson	24. Was disease or injury in any way related to occupation of deceased?
10. FILEDANS 9 133 De Milet	(Signed) Self-Bollette M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis 1915	Attack of epilepsy 1 week ago
Chronic interstitial nephritis	Run over by street car ° 1 week ago
Cerebral hemorrhage See July 192	7 Peritonitis 3 days ago
COM STON	* /
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones May 1,192	3 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING	N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLANLY, WITH	mation should be carefully su	CAUSE OF DEATH in plain t	TION is very important. See

	S	TATE C	F MARY	LAND-	CERTIFICATE OF DEATH 10839	
1. PLACE OF DEATH			-		92-0	
/	County Ald lignore				Registration Dist. No.	
1	Village or City	uspla	ug P.O		No. St., Ward	1
	Length of residence in ci	ity or town where d	eath occurred	. (If	death occurred in a hospital or institution, give its NAME, instead of street and number) ds. How long in U.S. if of foreign birth? ds. yrs. mos. ds.	
2.	FULL NAME	Sin B	Eman	Beh	1.	•
	(a) Residence: No./	2.09 6	and St	(St., Ward.	
			(Usual place of		If nonresident give city or town and State	
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SE)	1. 2	R OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (bay) (Year)	
5a. If	married, widowed or fivo HUSBAND of (or) WIFE of	orced Maria M	mary B	ehr.	22. HEREBY CERTIFY That Lattended deceased from	1
6 DA	TE OF BIRTH (month, day	m	nel 16/1	892	l last saw h AM alive on AMA 1933 : deeth is said	
7. AGI		Months	Days	If LESS then	to have occurred on the date stated above, at 310A m.	
	41	8		1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
2	8. Trade, profession, or pa kind of work done, SAWYER, BDOKKEE	articular as SPINNER,	anter	/	were as follows: Date of onset	
UPAT	9. Industry or business in work was done, as S SAW MILL, BANK, e	which			- Man Jamus II Mate	نـ
00 14	Date deceased last wor this occupation (more year)	rked at nth and	11. Total tim spent occup	ie (years) in this ation		
12 R1	RTHPLACE (city or town).	Butt	mark	1	Other Coutributory Causes of importance:	1
14. 01	(State or country)	1	Mus		Beneficial 2 de	
	B. NAME John	n. Bel	no.		Juliania Afrancia un May	10
FATH 14	I. BIRTHPLACE (city or to (State or country)	wn)/2.ll	ltimor	ep	Name of operation	
2 15	S. MAIDEN NAME	ann A	meine	1.	What test confirmed diagnosis Was there an au'opsy?	-
= -	6. BIRTHPLACE (city or to (State or country)	wn)	eltim	e f	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFDRMANT Joseph (Address)			Λ	my.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMDYAL Place Aday OR Collember Date 10 V 2 1 , 1983.			Date NOV	21 ,1933	Manner of injury	
19. UNDERTAKER 102 J. John a Son (Address) 156 M. assermed auli.			ma So	aul	24. Was disease or injury In any way related to occ::pation of deceased?	
20. FIL	ED 1//26 ,1	933 Joh	0,5.	Mally Registrar.	(Signed) Mulling and M. D. (Address) fleefale Mil	
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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
To Ton	8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	16840
1. PLACE OF DEA	TH			(93-d)	//
County Balt	imore			Registration Dist. No	44
Village or CityW	hite Ma:	rsh		No. Vincent Ave.	St.,Ward
Length of residence in a	city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of st	
2. FULL NAME					
(a) Residence; No.				h St Ward.	
		(Usual place	of abode)	If nonresident give city or t	
PERSONAL AT				MEDICAL CERTIFICATE OF DE	ATH
	or or race	OR DIVORCE	RIED, WIDOWED, D (write the word) Ldowed	21. DATE OF DEATH November 1st,	, 193 3 (Year)
5e. If merried, widowed, or div HUSBAND of (or) WIFE of	njamin	Blunt		22. HEREBY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, d			1858	I last say h & alive on Oev 3/	19.3.5 ; death is sel
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated ebove, et. 8 P m.	
75	4	8	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importa were as follows:	Date of onset
8. Trade, profession, or kind of work done	particuler , es SPINNER, A EPER, etc.	+ Home		The made of Arm	1
FILE		C HOME		VIII Centare con	appe
9. Industry or business work was done, as SAW MILL, BANK	SILK MILL, , etc			Well English	
O this occupetion (m	onth end	11. Totel t	ime (years) nt in this		
year) occupation occupation last BIRTHPLACE (city or town) Queens Anne County		Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town (State or country)	Maryl	and	ound		, , , , , , , , , , , , , , , , , , , ,
# 13. NAME Will	lam H. W	alters			
13. NAME W111		nown		Name of operation	Deto of
(Stete of country)		nown		What test confirmed diagnosis? Wes I	here an autopsy?
15. MAIDEN NAME ME	ary E. I	rice		23. If deeth was due to external causes (VIOLENCE) fill in also the	following:
16. BIRTHPLACE (city or			County	Accident, suicide, or homicide? Date of Injur	y, 19
(State of County) Mary Land		Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT JOSE (Address) Whi	on V. Bl	i. Md.		Specify whether injury occurred in INDÚSTRY, in HOME, or In Pú	BLIC PLACE,
18. BURIAL, CREMATION, OR	REMOVAL		54 ,1933	Manner of injury	
19. UNDERTAKER 740	desicki Belais	Road	w slow	24. Was disease or injury in any way related to occupation of dece	ased?
20. FILED 1.1./3	1933 11	hw /5/1	Cornelly Registrat.	(Signed) Sullilles	to the
	If more	blanks are needed,	address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Mue,

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Selection of the party of the p	1 year
			s======

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH pluods County Baltimore Registration Dist. No. Village or City Colgate No. 418 S. North Point Rd. St. (If death occurred in a horpital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or town where death occurred... __yrs.____mos.____ds. How long in U.S. If of foreign birth?_____yrs.____mos.____ds. SAMUEL BOLLACK 2. FULL NAME ISAAC RECORD. 418 S. North Point Rd. St. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH November 28.1933 OR DIVORCED (write the word) Male White CTL Widowed 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of Dora Bollack Nov.13.1861 13 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Months If LESS then to heve occurred on the date steted above, et. Days 72 15 1 dev.____hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importence or min. Date of onset OCCUPATION Laborer may 2 Industry or business in which work wes done, es SILK MILL, plnods SAW MILL, BANK, etc 10. Date deceesed last worked at 11. Totel time (yeers) this occupetion (month and spent in this occupation 12. BIRTHPLACE (city or town) Baltimore (Stete or country) supplied. 13. NAME Peter Bollack 14. BIRTHPLACE (city or town). Name of operation. should be carefully (State or country) Germany Whet test confirmed diegnosis?_____ Wes there en eulopsy?____ MOTHER important. Catherine Meisz 15. MAIDEN NAME 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of injury______ 19. DEATH 16. BIRTHPLACE (city or town) Germany (Stete or country) Where did injury occur?___ (Specify city or town, county and State) 17. INFORMANT Mr. Christian Bollack (Brother Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address) 2419 Fleet St OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury First Evangelical Cem. Dec. 1, 1933 mation Neture of Injury ... 24. Was disease or injury In any wey related to occupation of deceased? (Address) Baltimore & Broadway If so, specify 20. FILED 2 2 / . / (Address) SIS To Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	9:20
OCC	County Dallimore	Registration Dist. No. 24 4
should of OCC	Village or City Essex	No. St, Ward
t w		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. it of foreign birth?mosds.
SICIANS	2. FULL NAME alice Rombards	Jish Jish Jish Jish
HC.	(a) Residence: No. Worser are Essex	Ct Word
PHYSICIAN oct statemen	(d) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Pi act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. Ey	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sold with the Walled	21. DATE OF DEATH (Month) 2 (Day) 3 4 5 (New York)
X A C T	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Bomhardt	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) February 26-1882	t last saw h alive on, 19; death is said
stated E properly certificate.	7. AGE Years Months Day If LESS than I dayhrs.	to have occurred on the date stated above, atni. The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:
be of	8. Trade, profession, or particular kind of work done, as SPINNER. Housewife SAWYER, BODKKEEPER, etc. Housewife work was done as SII K MII 1	acute valvular Heart
ould may back	9. Midustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	n-,
s sh t it on	SAW MILL, BANK, etc	Hisease
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) Ballimore Md (State or country)	Dther Coutributory Causes of importance:
ms, stri	(State or county)	
upplied terms,	II 13. NAME Veorge Inneeman	
y sul ain t	14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation
efully si in plain int. Sec	# 15. MAIDEN NAME Unkenown	What test confirmed diagnosis?
- 10	16. BIRTHPLACE (city or town). Unknown (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
should be can OF DEATH very import	17. INFORMANT William Bornhardt (Address) Dorses one Essex	Where did Injuty occur? (Specify city or town, county and State) Specify whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
⊕ .∺	18. BURIAL, CREMATION. OR REMODAL Place Care Caur Date Nov. 6-,1933	Manner of injury
mation s CAUSE TION is	19. UNDERTAKER Lely & Zuler Ind. (Address), 403 S. Mally St.	24. Was disease or injury in one way related to occupation of deceased?
(7)	20. FILED 14/4. 1923 John D. Connelly	(Signed) facolg Wallman Coroner M. D. (Andress) Sternmers Run Mod
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1939 1939		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
- 44			

STATE C	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		957
County / 2 action	ove.	Registration Dist. No.
Village or City Catorian	lle	No. 2 Hallman (WE St., W
Length of residence in city or town where o		
2. FULL NAME David	J. Dowder	$\omega \in \mathcal{M}, \Delta$.
(a) Residence: No. 5 Aval	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
Male huts	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22. 22. 193. (Month) (Day) (Year
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	ng & Bowder	22. I HEREBY CERTIFY, That I attended deceesed
6. DATE OF BIRTH (month, day, and year)	Mar 18, 1892	I last saw h dree on A drad 19 ; death is
7. AGE Years Months	Days If LESS than	to have occurred on the date steled above, at
4/ 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month end year)	Manjo Dounty 11. Total time (years) spent in this occupation	aprili Heart Desson Un
12. BIRTHPLACE (city or lown) Talle (State or country) New	eson)	Other Contributory Causes of importance:
13. NAME David 5.//	Bowden	Corons
13. NAME Awis 14. BIRTHPLACE (city or town) (State or country)	th arolus	Name of operetion Dete of Was there an au'opsy? _ f
15. MAIDEN NAME OSSE	Volfe.	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Accountry)	o Street	Accident, suicide, or homicide?
17. INFORMANT Mus. Emmy 5. S. (Andress) Junat ave - C	ing E. Bowden	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place outlow ack		Manner of injury
19. UNDERTAKER CUSTON (Address) Silverit	louo it nis	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. //24 , 192 , 192	Charles Registrar.	(Signed) Kearshall B Wiff (Address) Colonarylle Tred

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Callstones	May 19/3	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

ä

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	3 1044
County Baltimore	Registration Dist. No.
Village or City Woodlaww	No. St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where deeth occurredmos.	ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME John W. Dowe	w.
(a) Residence: No. of wary Heights and	· St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
DR DIVORCED (write the word)	LANC 23 102 3
M. Married.	(Month) (Oey) (Year)
5e. If merried, widowed or divorced HUSBANO of (ac) WHEE- of	22. 1 HEREBY CERTIFY. Thet I attended deceased from
Janue V. Dowen.	nov 21 133 10 hor, 23 1937
6. DATE OF BIRTH (month, dey, and year a will 6 - 183 4	I lest saw h My alive on Thure 22 , 1933 death is sald
7. AGE Years Months Deys If LESS than	to heve occurred on the dete steted above, at 10.35 Pm.
79 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trede, profession, or particular	Date of onset
kind of work done, es SPINNER, Jarner	Lota Ane men hp. 22
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased lest worked at this occupation (month and	V
SAW MILL, BANK, etc	accedentally slipped to fell, while walking
10. Oate deceased lest worked at this occupation (month and yeer) 11. Totel time (yeers) 12. The time (yeers) 12. The time (yeers) 12. The time (yeers) 12. The time (yeers) 13. The time (yeers) 14.	serous floor. Ewey
Batt a grad	Other Contributory Couses of importence:
12. BIRTHPLACE (city or town)	7 10
111111111111111111111111111111111111111	Darin Jaury Rick
14. BIRTHPLACE (city or town)	of feeen Q accidental fall
(State or country)	Name of operation Dete of
	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Mary Kelly. 16. BIRTHPLACE (city or town). (Class of Country).	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State of country)	Accident, suicide, or homicide? Accident Oate of injury
Rama Baran	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A COMME HOUSE WOOdlaww.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMAYAL	Manner of Injury
Plece Dried Ridge Oate NOV 2/, 1933	Nature of injury
geland Barthania	24. Wes disease or Injury in any wey releted to occupation of deceased?
19. UNDERTAKER 12.17 1.17 1.19 1.19 1.19 1.19 1.19 1.19 1	If so, specify
11/21/13 Mah. 19. 14.5	(Signed) 2 Marlere M. D.
20. FILED 19 19 Registrar.	(Address) Paudallat Mid
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1



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V 2				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state cact statement of OCCUPA-

Exact statement

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10845
/	1. PLACE OF DEATH	(0)
/	County 13alto	Registration Dist. No. 33
/	Village or City Cerstenstown 2	NoSt.,Ward
	Length of residence in city or town where death occurred/yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	2. FULL NAME GROUPS Brewer	
	(a) Residence: No. 6/1 Boundary (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (perice the word)	21. DATE OF DEATH (Month) (Bay) (Year)
cate.	5a. If married, widowed, or diverself HUSBAND of (or) WHO SH 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. That Lattender deceased from 193, to 193; death is said to have occurred on the date stated above, at 6. 4. m.
certificate	80 Angrown I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of	8. Trade, profession, or particular kind of work done, as SPINNER, Control SAWYER, BODKKEEPER, etc.	Browshief Rueming UNIA
back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
uo :	ID. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
instructions	12. BIRTHPLACE (city or town) Butto Co	Dther Contributory Causes of importance:
stru	(State or country) (State or country)	Lewith
	I COOP	7-0
See	14. BIRTHPLACE (city or town)	Name of operation Date of Was there an autopsy?
i.	IS. MAIDEN NAME Land Year	What test confirmed diagnosis?
important	15. MAIDEN NAME Land Heart 16. BIRTHPLACE (city or town) Salle Cej.	Accident, suicide, or homicide? Date of Injury 92 , 19
	17. INFORMANT Many Castelly (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
very	18. BURIAL, CREMATION, DR JEMOVAL	Manner of injury
N is	Place HA Cleany Date July 27 1933	Nature of Injury
TION	19. UNDERTAKER January (Address) Bellow Ballow	24. Was disease or Injury In any way related to occupation of deceased?
1	20. FILED Nov 20, 1927 DV. Dor, Slovede Registrar.	(Signed) of a freehold of Man D. (Address) M. D.
1 .	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy A A	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CHAIR	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Z	
vi.	
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A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10846	
UP	1. PLACE OF DEATH	157:c)	
OCCUP	County Baltimore	Registration Dist. No. 3 4	
	Village or City Cleasant Geore	No. St.	Ward
of	(If	death occurred in a hospital or institution, give its NAME instead of street and number))
ent	- 1 1 8 1 3	ds. How long in U.S. if of foreign birth?yrsmos	ds.
eme /	2. FULL NAME Robert Garl Brown		
statement	(a) Residence: No.	St., Ward.	
/	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
河	Male OR DIVORCED (write the word)	nov 10 1933	4
ed.	Amgle	(Month) (Day) (Ye	ear)
classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decease	
las	7th 10 22	nov 4 to 1933 to Nov 10 46 ,19	
y c	6. DATE OF BIRTH (month, day, and year) W. / 1733	I last saw h was alive on 200 10 ,1933 ; death	is said
properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at	
rop	min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	fonset
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ot l	
be tof	SAWYER, BOOKKEEPER, etc.	Patent foramen Ovale now	-y-33
may	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	f	
	U TC. Date deceased last worked at 11. Total tima (years)		
that ons o	this occupation (month and spent in this occupation	01 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
erms, so that it instructions on	12. BIRTHPLACE (city or town) Balto Co. Ind.	Other Contributory Causes of importance:	
s, s	(State or country)	Quability to take food because	
terms,	13. NAME Foranklin Loannia Brown	D weakness.	
بت د	14. BIRTHPLACE (city or town) Balta Cas Ind.	Name of operation Data of	
plain See	(State or country)	What test confirmed diagnosis? Was there an autopsystem	?
OF DEATH in p very important.	15. MAIDEN NAME Laura Celigabeth Boslay	23. If death was due to external causes (VIOLENCE) fill In also the following:	
H i	16. BIRTHPLACE (city or town) Balts Co. Ind.	Accident, suicide, or homicide? Date of injury, 19	9
AT	State or country)	Where did injury occur? (Specify city or town, county and State)	
DEATH y import	17. INFORMANT Togeth J. Brown	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
OF ver	(Address) Kristerstone Md.		
E	Place Date Date 1933	Manner of injury	
CAUSE TION is	C. O. V.	Nature of Injury	
CA	19. UNDERTAKER Color W. Sifeton	24. Was disease or injury In any way related to occupation of deceased?	
7	(Address) Kunfestead, Ind.	If so, specify	
(1)	20, FILED MUT. 10, 1933 Co. S. Fowth M. V. Registrar.	(Signed) (Oughet Co. Forth	M. D.
1		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURDAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	93-0
county Os altimore Counter	Registration Dist. No. 30
Village or City Catoroniele, md.	No. String Strong State State Ward (Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	. 3 ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME tacole 09 uchen	fr. BUCKEY
(a) Residence No 12 46 R werside Res	CSt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Starred (with the word)	21. DATE OF DEATH Overelles 2-8 (Year) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Madelone Marton Buckey	Nov. 28 133, to Nov 28 1933
6. DATE OF BIRTH (month, day, and year) Chril 27, 1898	(last saw h./m alive on 7) ov 28, 19.35; death is said
7. AGE Yeers Month's Deys If LESS than	to have occurred on the date stated above, at. / P.m.
3 8 07 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were as follows:
S. Irade, potession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. S. Industry or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the particular of the partic	Chronic Mediolism 12-24-31
9. Industry or business in which work wes done, es SILK MILL	
SAW MILL, BANK, etc. 11. Total time (years)	
this occupation (month and why spent in this lowk year)	
m 00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 1/0 ref kurd	01. 00000000000000000000000000000000000
1 0 10 10	Chronic Magoco races
I	Name of operation. Dete of
14. BIRT (PLACE (city or town))	What test confirmed diagnosis? Clare followings. Was there an autopsy? No
	23. If death was due to external causes (VIII ENCE) fill in also the following:
I D	Accident, suicide, or homicide? Dete of injury, 19
16. BIRTHPLACE (city or town) Mosques (State or country)	Where did injury occur?
O. O. D. Deles Co	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17, INFORMANT 12 14 (Principal o Principal o	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Holy 10 7000 Date alec L 71993	Nature of Injury
1 4 B Herle	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address) (15° & West 15°	If so, specify — ——————————————————————————————————
11/28 11/2	(Signed) fames Lyarey M.D.
20. FILED Registrar.	(Address) Octomwill one
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU W. c.			
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
]		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state CNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. FOR BINDING RGIN RESERVED mation should be carefully supplied. AGE should be -WRITE PLAINLY, WITH

V. S. No. 1

Q.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
1. PLACE OF	DEATH				

1. PLACE OF DEATH						(59)	542
County Baltimore						Registration Dist. No. 3 2	040
	Village or C	ityBr	ooklandv	ille		NoSt.,	Ward
	Length of resi	denca in c	ity or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and death	
	2. FULL NA	ME_(I	aughter	of Monte)	Buckholt	nd Derothy Fisher	
ctoric	(a) Residen	ce: No	Brooklan	dville, M		St., Ward. If nonresident give city or town and	State
	PERSON	AL AN	ID STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White					RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH No vember (Month) (Day)	, 193_3 (Year)
5a	. If married, widow HUSBAND of	ed, or dive	orced			(11)	
	(or) WIFE of	1 - 5	w. Total			22. I HEREBY CERTIFY, That I attended Nov. 26	
6	DATE OF BIRTH (month da	v and vess) No	vember 26	1933	I last saw h.er alive on No. 27 19 33	
_	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, et2_ A m.	-, ucatii is seiu
				1	1 day, 1.7hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
7	8. Trede, profes	sion, or p	articular		i orimin.	Prematurity	Date of onset
02	SAWYER,	ork done, BOOKKE	as SPINNER, EPER, etc			(About 6 1/2 months)	
OCCUPATION	9. Industry or work was	business in dona, as	n which SILK MILL,				
work was dona, as SILK MILL, SAW MILL, BANK, etc					time (veers)		
O 10. Date deceased last worked at this occupation (month and year)					ent in this		
						Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Brooklandville (State or country) Monweland							
maryrand							-
E						Name of operation None	
14. BIRTHPLACE (city or town)					~	What test confirmed diagnosis? Was there an a	
						23. If death was due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME Dorot by Fisher 16. BIRTHPLACE (city or town) (State or country) Monyal and						Accident, suicide, or homicide?	
State or country) Maryland						Where did injury occur?	, •
17. INFORMANT Dorothy Fisher (Address) Brooklandville, Md.						(Specify city or town, county and Stat Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL						Manner of Injury	
Pladelmshouse Date Kov >9 ,19 33					7 ,19.33		
19. UNDERTAKER Dauk & neevel					,	24. Was diseasa or injury in any way related to occupation of deceased?	
20. FILED MV Z8, 19 33 TO 8 Mpc				110	8. Mage	(Signed) Li Ci Mechaly	M. D.
			16		Registrar.	(Address) Pikes ville, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

By Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain torms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING H UNFADING INK---THIS IS A PERMAN MARGIN RESERVED FOR AINLY, W WRITE

f. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Baltimore	Posistration Diet No. 3-3
Village or City Mt Pleasant Reist 2FULL NAME Famue Buck	tion give its NAME its
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fundl white Shingle, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Nichth) (Day) (Year)
6 DATE OF BIRTH	November 8 ,1033. 10 November 29, 1033,
(Conth) (Day) (Year	that I last saw her olive on november 29 . 1983.
7 AGE 68 yrs. 7 mos. 2 ds. or min.?	The CAUSE OF DEATH was as follows: Chrome Pulmonary Tuberculous.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) 5 yrs. roze. de.
which employed cr (employer)	Contributory Tulusculous of Laryux & Pharyan Secondary (Duration) yes 6 mos
10 NAME OF PATHER OS CAR Freeman	(Signed) Nathan Lwith M. D.
DI BIRTHPLACE OF FATHER (State or country) Russin.	*State the Disease Causing Death, or, in deaths from Wolent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME CORE 7	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 DIRTHPLACE OF MOTHER (State or country) (State or country)	At place of desth yrs mos. 21 ds. In the State yrs mos ds. Where was disease contracted, But Tauran Md
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or 1707 M. Pay son 5th
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 11/28/3 Jin
Filed Nao. 291927 A. M. Slade Registral	geldeur Ine 1439 E. Balt St.
If more b.enks are needed, address State Registrar	16 W. Seretoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et .. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer fregaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-0 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menditie"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia Bronchopneumonia ("Pneumonia";

"(Exhaustion," "Heart ranger," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," clc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitud nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved clanus) may be stated under the head of "contributory". Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) cough; Chronic Carcinoma, Sarcona,, etc., of affection etc. The contributory valvular heart need not be Mouskes ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the cartificate is permanently filed.

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(U-0)
County Baltimae	Registration Dist. No. 4/
Village or City Dundalk (18	No. 105 Potatisco are St., Ward feath occurred in a hospital or institution, give in NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
(a) Residence: No. 100 Patage co ane (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from 1933 to Nov 14 1933
6. DATE OF BIRTH (month, day, and year) how 14 1933	Hast saw her alive on 700-14 , 19 53; death is said
7. AGE Years Months Days If LESS than 1 dey. / 2hrs.	to heve occurred on the date stated above, at 1.1.4.5 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this eccupation (month and year) spent in this occupation	Congenital atelectoris 11-14.33
12. BIRTHPLACE (city or town) Dundalh (State or country) Maryland	Other Contributory Course of Importance:
13. NAME Lawrence 5, Buell	
13. NAME Lawrence 5, Obnell 14. BIRTHPLACE (city or town) Freeland (State or country) Md	Name of operation Date of What test confirmed diagnosis? Climical Was there an autopsy?
15. MAIDEN NAME Mary & Byrne 16. BIRTHPLACE (city or town) (State or country) Than (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT LA CAUTENCE / VOILLE (Address) 105 Patapico aire 18. BURIAL, CREMATION, OR REMOVAL	
Place I'me Grove Cemetry Date how 16, 1933	Manner of injury
19. UNDERTAKER John + Denny (Address) 7/5 Light St	24. Was disease or injury in any wey related to occupation of deceased? If so, specify If so, specify If so, specify If so, specify If so, specify If so, specify If s
20. FILED 11 15/33 Mileoreume Registrar.	(Signed) M.D. (Address) A malk malk

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial ner		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BURRAU V.A.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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No. 1

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N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Sallemore	CERTIFICATE OF DEATH
Charles a.	Registration Dist. No.
Village or City Cleuller (No. 11)	St: Ward) (If death occurred inc
2FULL NAME John H Bus	steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO. OR DIVORCEO (Write the word)	16 DATE OF DEATH 20 2 3 , 1923 3 (Month) (Day) (Year)
6 OATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923, to 1925, 1925, that I last sew h Malive on NOV 2 2 1925
7 AGE [If LESS than	and that death occurred on the date stated above, at
6 f yrs. B mos. — ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Jaugrene Tephe in
(b) General nature of industry	(Duration) yrs. 5 mos. ds.
which employed or (employer) BIRTHPLACE (State or country) Mg	Contributory Secondary (Duration) yrs mos ds,
TO NAME OF FATHER Of MURLENGLA	(Signed) SValace M. D.
of FATHER Z (State or country) Swith Fildure	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIOEN NAME OF MOTHER Clearlath Baka	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes diseese controcted, if not at place of dea.h?
(Informant) Mus Lillio Buskhar It	Former or usuel residence
(Address Stewers Penn.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL MM 27, 1533
15 Filed 11/25 19233 9 A France	John Willist 2 48 Pollaus

" פורחרתומת ".)

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthhahorer, Farm laborer, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, Laborer-Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia")

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

9. S. No. 1

PLACE OF DEATH County Streevell Park	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Catonsville (No. Longare	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marie White Write (Write the word)	16 DATE OF DEATH WOUNDER - 6, 1933. (Month) (Day) (Year) 17 I_HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH Sub- (Month) (Day) (Year) 7 AGE Ilf LESS than	that I last saw harmalive on Nov. 5, 1933; and that death occurred on the date stated above, at 4. 6 m.
80 yrs. 8 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Carcinoma (7)) (Duration) / ± yrs. mrs. ds.
9 BIRTHPLACE (State or country) Balton, Md.	Contributory Secondary (Signed) (Signed) (Signed) (Signed)
FATHER Frank Carr 11 BIRTHPLACE OF FATHER (State or country) State or country)	*St.te the Discase Causing Death, or, In deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental Suicidal or Homicidal.
of MOTHER Mary Hagan 13 BIRTHPLACE OF MOTHER OF MOTHER 15 BIRTHPLACE OF MOTHER OF MO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. B. M. Honnelly	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Calonsville Ottolo, md.	Cathedral Cenvitery M. 9. 1933 20 UNDERTAKER ADDRESS 41-0+
/ Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enfirst line will be sufficient, e.g. Farmer or Planler, For many occupations a single word or term on OF especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, et . But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroed term for the same disease. Examples: Cerebroed term for the same disease. Examples: Cerebroed the only definite synonym is "Epidemic cerebrospinal menticatis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; tobar uneumonia Branchapmenmana ("Pneumonia";

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., telunus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. (secondary or intercurrent) Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of approved by (Recommendations on statement of eause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage cough; Conmittee on Nomenclature Chronic etc. affection need not be valvular heart The contributory Always qualify all Mossles ;



PHYSICIANS should state

stated EXACTLY. properly classified. E

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA-

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
7	1. PLACE OF DEATH	1000.5	
/	County Ballimore	Registration Dist. No. 37	
	Village or City Swarks Mg	Al-	
		NOSt.,War death occurred in a hospital or institution, give its NAME instead of street and number)	d
		ds. How long in U.S. iI of foreign birth?yrsd	s.
	2. FULL NAME alexing & Car	roll	
	(a) Residence: No. 2935 N Coulsest	Ust. Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
	Lemele White OR DIVORCED (write the word)	(NN 4, 19933	
	58. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)	
	HUSBAND OF Corroll	22. I HEREBY CERTIFY, That I attended deceased from a 19 19 33 to 4 19 23	m 2
e.	6. DATE OF BIRTH (month, day, and year) any 15' 855	I last saw h. Lh. alive on	id
certificate	7. AGE Years Months Gys If LESS than	to have occurred on the date stated above, at 125 m.	
rtif	78 2 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	8 Trade profession or particular	Date of ones	t
Jo	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hemblegen 3de	
back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	0 0	P
	SAW MILL, BANK, etc.	Sevilety, as lend & cleanin 34	11
on	and occupation (month and) Shall till this	7	7
suc	year) - Alvin - 1-9-13 occupation	Other Contributory Canses of importance:	-
instructions	12. BIRTHPLACE (city or town)		
ru	(State or country)		
nsı	13. NAME James W Nolvington		
See	14. BIRTHPLACE (city or town)	Name of operation Date of	-
Ŋ	(State of Country)	What test confirmed diagnosis? Was there an autopsy?	
nt.	15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:	-
important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
poi	(State or country)	Where did injury occur?	-
	IT INFORMANT \ MM. + · C. asshell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.	~
very	17. INFORMANT Carrier (Address)	THE STATE OF THE SECOND ST	
. Ve	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
si Is	Place Cathedial Cemetropie NOV. 6, 1933	Nature of injury	
TION	Hear 10 2000 1 C		
E	19. UNDERTAKER (Address) 8/7.5/1 Calvully	24. Was disease or injury in any way related to occupation of deceased?	
		0000	-
	20. FILED MOU 4 1 , 1933 Milliam & landcon	(Signed) 0.5 0.5 0.5 0.5 M. M.	υ.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.-WRITE PLAINLY, WITH

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TION is very important. See instructions on back of

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10854
1. PLACE OF DEATH	
County Dallimore	Registration Dist. No. 38
Village or City Towson	No. York R. of Lindensenal Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
A 0+ 10	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME D. Supare Cassar	<u>es</u>
(a) Residence: No. Acri Noard	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The life married wide and with the word)	21. DATE OF DEATH Nov. 13 7 , 193 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jenifer Cassard	Jan 285, 1933, to 2007 133, deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm,
64 4 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma of Tonque
8. Industry or business in which work was done, as SILK MILL, Real Estate SAW MILL, BANK, etc.	uzen melastaset to Right
10. Date deceased last worked et this occupation (month afti year)	Tung.
12. BIRTHPLACE (city or town) / Scalle (o. (State or country) / May turns	Other Contributory Causes of importance:
13. NAME Thomas Cassard	7
13. NAME / Fromus Casswell 14. BIRTHPLACE (city or town) (State or country)	Name of operation 1911 Section of Congress Ramond Date of 1921 What test confirmed diagnosis Massicappinal Was there an autopsy? The
15. MAIOEN NAME Chinabeth Coll	Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Chyalett Cole 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	Where did injury occur?
17. INFORMANT Many Cassard - (uife)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place A FULL MARK Oate (0), 19	Neture of injury
19. UNDERTAKER Stewarthoning	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEONER B, 1923 Am P. Butter Registrar.	(Signed) Auch TRA. Mrs Leveler M. D. (Address) Topison fondly land

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis July 5, 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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RGIN RESERVED FOR BINDING

V. S. No. 1

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.-WRITE PLAINLY, WITH

statement of OCCUPA.

Exact

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Bulling.	Registration Dist. No. 3 2 (1855)
Village or City Challolante.	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Susum Ward ER (a) Residence: No. Wattolana.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Frush lold. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Service Charles 26	22. I HEREBY CERTIFY. Thet I ettended deceased from 25, 19.33, to 27, 19.33
6. DATE OF BIRTH (month, day, and year) 7. AGE 5 O Yeers Months Deys If LESS than 1 day, hrs.	I last saw h
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month and was a spent in this spent in this occupation).	Pulmmy Tubu culm ?
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
13. NAME malcolm Ward.	
14. BIRTHPLACE (city or town) 14. C (State or country)	Name of operation Dete of Was there an autopsy? No
15. MAIDEN NAME	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Augus Charles (Address) Chattelines. Mrd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
Place Place 11/29 1933	Manner of Injury
19. UNDERTAKER amuel & Homber (Address) 578 margada	24. Was disease or injury in eny way related to occupation of deceased? ho
20. FILED NOV 28, 1933 TTOO Myse Registrar.	(Signed) (Salme of Williams M. D. (Address) Pide ville M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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· Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

/1. PLACE OF DEATH			(50)	
County Baltimor	e		Registration Dist. No. 3	0
Village or City Datonsvi Length of residence in city or town where			No. 12de AVE . St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
2. FULL NAME Mary Keb	ecca doskl	977		
(a) Residence: No. Wade Av			St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIST	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	s. SINGLE, MARRIED, V OR DIVORCED (write Harried		21. DATE OF DEATH	, 1933.3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeremiah A.	Coakley		22. I HEREBY CERTIFY, That I attended Nov. 26 ,19.33 to Nov. 27	
6. DATE OF BIRTH (month, day, and year) March 25, 1871/ 7. AGE 62 Years Months Days If LESS than 1 day,hrs. orhrs.			7	Z_; death Is said
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEFER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year)		Other Coutributory Causes of Importance:	129	
12. BIRTHPLACE (city or town) Balto. (State or country) II.d.	n Jollzon			
13. NAME Benjamin walker 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT II. Jeremiah A. Coakley (Address) ade Ave. Latonsville Id.			Name of operation Date of_ What test confirmed diagnosis? Clusical Fushwas there en	
			23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	ng: ,19
18. BURIAL, CREMATION, OR REMOVAL Plece New Jatedral	CDate 11/29/3	3_,19	Manner of injury	
19. UNDERTAKER Francis St. (Address) 4101 dmonds	uitale B	wal	24. Was disease or injury In any way related to occupation of deceased?	no.
	blanks are needed address	Registrar.	(Address)	(miles

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Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1 2 2 3 10
Gallstones	May 1,1923	Gastroenteritis	1 year
	-1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Jost you bust is now confined top his head by fluers

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	169:	57
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1. PLACE OF DEATH	92-0
County Balling	Registration Dist. No.
Village or City Texas	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Williams Creek	
7	Ward
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nov 20 , 193 3 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HU3BANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from auch 29, 19 3 3 to 20 19 3 3
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at6Pm.
alux 8	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of one of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (menth and this progration (menth and specific principles).	avitu Regungitalin 24s
- 17 Shell till till?	
year) occupation occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Alms Home Record (Address) Lex as Mid	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Green Mount Cemetergate Nov 22, 1933	Nature of injury
19. UNDERTAKER Willyam & Brooks X In (Address) Sparks More land	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO NOT 21, 1935 Milion & Registrar.	(Signed) R Burney M.D. (Address) Cockeysule M.d.
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 16558
1. PLACE OF DEATH	
County Baltignore	Registration Dist. No. 38
Village or City (Lux tor)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ellen In Crown	
(a) Residence: No. (Usualiplace of abode)	USt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word)	21. DATE OF DEATH Research 3 (Month) (Day) (Year)
5a. If married, widowed, of divprced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 31, 1839.	I last saw h3a alive on Areah
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
94 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	aut febrit Brachtie aut 30/123
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	33.33.33
11. Total tima (years) spent in this year)	
12. BIRTHPLACE (city or town) The fast of Troffor (State or country)	Other Contributory Causes of importance:
	04 AZ
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy? As
15. MAIDEN NAME Mary Dolling	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
110 110 10 11 ho 11 ho to	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (Address)	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Multipart Date 1933	Nature of injury
19. UNDERTAKER	24. Was disease or Injury In any way related to occupation of deceased? 2
(Address)	If so, specify
20. FILED DU 3, 1933 How Julie Registrat.	(Signed) M. D. (Address) Maxton, mod

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BW BUTT				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

RGIN RESERVED FOR BINDING

V. S. No. 1

state	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta UP	1. PLACE OF DEATH	(B) \ M\S59
ould OCC	County Dalto	Registration Dist. No. 4
shol	Village or City Oaklee	No. 46 48 (Marketins and Ward death occurred in a horpital or institution, give its NAME instead of street and number)
T S I	Length of residence in city or town where death occurredyrsmos.	
Evel CIA?	2. FULL NAME Lewise & M. R. A	Daneken
. HE	(a) Residence: No. 404 Milpins as	—St Ward.
0 1	(Usual place of abode)	If nonresident give city or town and State
REC(PI Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T N S	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH NOV // 1933
T I led.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
MANEN A C T I	(or) WIFE of Jules B Danahar	22. I HEREBY CERTIFY, Thet I attended deceased from
CXE	6. DATE OF BIRTH (month, day, and year) John 16 1848	I last saw h. Le elive on 10 1933 : death is said
Pl d 1 cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 310 pm.
IS A PE stated E properly certificate	85 8 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
00	8. Trade, profession, or particular	Date of onset
HIS be be of	SAWYER, BOOKKEEPER, etc.	Minue Interstitus ?
KK—T should it may n back	A industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Cheffuto 1
sho it r n b		9
AGE THAT that ons o	this occupation (month and spent in this occupation	sentity
NFADING plied. AGl rms, so tha instructions	12. BIRTHPLACE (city or town) Balto	Other Contributory Causes of Importance:
AD d. s, s	(State or country)	Muxerdial de en te 3
UNFA supplied n terms, ee instru	13. NAME John & Danaker	more
sup in te	13. NAME John & Canaker 14. BIRTHPLACE (city or town) Ballon	Neme of operation Date of
H .= 70	(State of Country)	What test confirmed diagnosis? Classical Westhere an autopsy?
Y, WITH carefully H in pla	15. MAIDEN NAME Slagabett Cellan 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
Y, car	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
INLY, be can EATH import	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT The Staffe Bear (Address) 40 48 hallum a	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
F-3 10	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE ation s AUSE ION is	Place med July Date How 19.19.3	Nature of Injury
-WRIT mation CAUSI TION	19. UNDERTAKER J.B. Dupped + 5m	24. Was disease or injury In any way related to occupation of deceased?
B	(Address) /300 Sheltan place	If so, specify
z (T)	20. FILED MOV 13, 19 Segistrar.	(Signed) M. D. (Address) Leads a
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis / 2 .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV ZG 100				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

SIAIL OF N	MARTLAND—	CERTIFICATE OF DEATH
County Bolling		Registration Dist. No. 3
Village or City		No. 504 Highland are St. W.
W		death occurred in a hospital of institution, give its NAME instead of street and number)
Langth of residence in city or town where death occu	() A	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Collesin	e s. Da	vis
(a) Residence: No. 50 4 glil	sual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SING	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH Movember 8 1933.
5a. If married, widowed, or divorced	g	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased f
6. DATE OF BIRTH (month, day, and year)	23 1858	I last saw h_er alive on cor 8 ,1933; death is:
7. AGE Years Mogths	Days If LESS than	to have occurred on the date stated above, at
75 4	/_5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		
SAWYER, BOOKKEEPER, etc.	T 0	Corollary Cellesion 10/4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased last worked at this occupation (month and	- 4	
10. Data daceased last worked at this occupation (month and	1. Total time (years) spant in this	
yaar)	occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	ne Trul	arteris felerases &
(State or country) (State or country)		Hypertension ills
	ves	
14. BIRTHPLAGE (city or town) (State or country)		Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Armia	Tours	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicida, or homicida?
∑ (State or country)	nd	Whera did injury occur?
17. INFORMAN Miss Shabelle 1. (Address) 5 04 Highlan	Perleins	(Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Coalhedelland Date	nov, 1933	Nature of Injury
19. UNDERTAKER %. To Wea	ry El Sone	24. Was disease or injury in any way related to occupation of deceased?
20. FILED \$\log 9 1933 \tag{15}	Bulg	(Signed) Juliu No Filling (N
75	Registrar.	(Address) Allus Silver
If more blanks are	necaed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-0
County Quinestille	Registration Dist. No.
Village or City /3 cet: C	No. St., Ward
(If	death-occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	ds. How look in U.S. if of foreign birth?wrsmosds.
2. FULL NAME MUCH Wayne	F29Cer
(a) Residence: No. (Usual place of abode)	SV Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DEFORCED (write the word)	1/ 20 193
5a. If married, wildowed, or divorced	(Month) (Day) (Yaar)
HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, Jhat I attended daceased from
1 1071	15 7 20 193 3
6. DATE OF BIRTH (month, day, and year) June 29-1935	I last saw have alive on, 19, 19, and ath is said
7. AGE Yaars Month Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
0 Tuda confession continues	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPEPR, etc.	- regio chamma
Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
- 1 Spellt III this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stata or country)	>
13. NAME George William Derfler 14. BIRTHPLAGE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO TRANSPORT TO THE STREET T	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homloida?
Chambara Officall On	Whera did injury occur?
17. INFORMANT TO Page a said Tomber	Specify whether injury october in Thousand, in nome, of in Poblic Place.
18. BURIAL, CREMATION, OF REMOVAL REF. D.	Manner of injury
Place M. reclarecter Data W. ar. 22. 1933	Nature of injury
19, UNDERTAKER Lotter Breezes Leves	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jones Lack	If so, specify Corps
20. FILED Nor 22 1933 Mu P. Butter	(Signer) M. D.
Registrar.	(Address) Care & Dauther
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reguesting D. No. 1 200
	torper tel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state

Exact statement of OCCUPA.

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10862
1. PLACE OF DEATH	625
County Battimore	positive No. 1. 31
11 - 2 - 2	Registration Dist, No.
Village of Oily	No. St, Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rose a. Larller	0
(a) Residence: No. Hereford Battoloo, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 70 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(100)
(or) WIFE of John Dorfter.	22. HEREBY CERTIFY. That attended deceased from
5 DATE OF BIPTH (month day and wast) 1850	1955, 10
C. DATE Of BIKITI (month, day, and year)	t last saw h alive on 1930; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm.
83 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, at Home. SAWYER, BODKKEEPER, etc.	Date of onset
SAWYER, BODKKEEPER, etc.	Comic Minasko Im
9. Industry or business in which work was done, as SILK MILL, at Home SAW MILL, BANK, etc.	
Shallf III fill?	
year) occupation	Other Cautributary Causes of Importance:
12. BIRTHPLACE (city or town) . Germany	
(State or country)	Dromphy Kneumones 4an
# 13. NAME CONSTANTON	
14. BIRTHPLACE (city or town) Garmany	Name of operation
(State or country)	(Hanasa
15. MAIDEN NAME Coma Morgarett leit	
= 3	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
A 1 d D. 111	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT a dissiplina Gifford, (Address) Herebord,	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place Providence Date Nov-6, 1983	Nature of injury
19. UNDERTAKER John Burns Sons (Address) owson,	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED My 45, 1983 mulling Besting Registrar.	(Signed) MMM/MHMM/M, D. (Address) Address

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- 7	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

mation should be carefully supplied. AGE should be stated EXACFLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

Exact Statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1600
County Paltinione	Registration Dist. No.
Village or City Wend Course	7-41/19
	No
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Yolun Dorl	
(a) Residence: No. 722564 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH / Seculor 8 , 193 (Yeer)
HUSBAND of Pauline Dorl	22. A I HEREBY CERTIFY That I attended deceased from 19.33, to 20. 1933
6. DATE OF BIRTH (month, day, end year)	I last saw h
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importance
about 10 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronie Myocardiel
SAW MILL, BANK, etc	even
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	1 enello
13. NAME Viscout Dos	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
1 (State of Country)	What test confirmed diagnosis physical Was there in bulopsy? Was there in bulopsy? Was there in bulopsy?
15. MAIDEN NAME Wary Kluczynska	23. If death was due to external causes (VIOLENCE) filvin also the following:
15. MAIDEN NAME Mary Kluegensko 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Respond & Dorl	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Cathedral Date 1/11, 19.33	Nature of injury
19. UNDERTAKER Harry H with a Cum (Address) 4/0/1/E dynamason Cum	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 11/10, 19 Bedistar.	(Signed) Address)

If more blanks are needed; address Sighe Registrar, 2411 N. Charles Street, ballimore, Requesting V.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ano Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	--------	-----	---------	------------	----	-----------

ate		CERTIFICATE OF DEATH
l st	1. PLACE OF DEATH County Ballmus	92.8
should of	+1. 10. h	Registration Dist. No.
sho	Village or City Lex COS	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
		ds. How long in U. S. if of foreign birth?yrsmosds.
PHYSICIANS oct statement	2. FULL NAME Williams Sliver	yr.
Sitat	(a) Residence: No. Jex as K	Mand Ward.
PHYSI ct stal	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or lown and State MEDICAL CERTIFICATE OF DEATH
PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
2 2	male while OR DIVORCED (write the word)	(Month) (Pay) (Year)
fed	5a. If married, widowed, or divorced HU3BAND of	
A C assifi	(or) WIFE of Ilva Ihaher	1 HEREBY CERTIFY, That I attended deceased from
CXE.	6. DATE OF BIRTH (month, day, and year)	I list saw h An alive on Nov 27 , 19.33; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than	to wave occurred on the date stated above, at 4.304 m.
stated properl	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be se pe	8. Trada, profession, or particular kind of work done, as SPINNER,	Date of the state
KA G I	SAWYER, BOOKKEEPER, etc.	and schools
should it may n back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	avila mufficula 24n
0 4 (1)	1 - K - curs secondation (month and	0-4
AGE that	occupation occupation	Other Contributory Causes of Importance:
I. so ucti	12. BIRTHPLACE (city or town) (Stata or country)	
nrabing oplied. AGI erms, so tha instructions	E 13. NAME	
supplication sees instances	14. BIRTHPLACE (city or town)	Name of operation Data of
lly solain	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
eful in I	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
be carefu EATH in j important.	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury
be EA	(State of Country)	Where did injury occur? (Specify city or town, county and State)
A D E	17. INFORMANT CAMPAGE (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
ion s USE N is	Place of Manue Date The 1933	Natura of Injury
mation CAUSI TION	19. UNDERTAKER (1. 3.5 9 Factor Sall	24. Was disaase or Injury in any way related to occupation of deceased?
(A)	20. FILED MOV 29, 1933 William & Chil Cold	(Signed) Barry M. D. (Address) Cickysitele me
0	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting Co. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis :	3 days ago
auks u v. s		. 1.3	N. Committee
Other contributory causes of importance:		Other contributory causes of importance:	450
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH item of infor-1. PLACE OF DEATH plnods County -/e Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) RECORD. Every ...ds How long in U.S. If of foreign birth? yrs. statement If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Days If LESS than Years Months to have occurred on the dete stated above, at/ I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. LION Jo 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ back may B occui 10: Date deceased last worked at 11. Total time (years) instructions on this occupation (month and spant in this that occupation _// Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied plain terms, FATHER See 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME H 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of Injury _____ 19 OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE plnoys very (Address) 18, BURIAL, CREMATION, OR REMOVA Manner of injury AUSE mation Nature of injury. 24. Wes disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify B 20, FILED ...

adure State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerchral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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BUSSAU WAS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST.	TATEMENTS	BY	PHYSICIAN
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County Dalling	re	Registration Dist. No.
Village or City Bleuke	in 7	No Daltimure & orinty St., (If death occurred in a horpital or institution, give its NAME instead of street and numb
Length of residence in city or town where deal	h occurred 4 / yrs.	mosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Deorge	W. Essen	wock
(a) Residence: No. / 28ke	chein	St., Ward.
PERCONAL AND STATISTICS	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC. 3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
Male White	OR DIVORCED (write the word)	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	reunock	22. I HEREBY CERTIFY, That I attended decea
6. DATE OF BIRTH (month, day, end year)	1ch 30 188	6 I last sew h alive on
7. AGE Years Months	Days . If LESS that	to have occurred on the date stated above, at
4/17	18 f day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
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SAWYER, BOOKKEEPER, etc.	inuer	Sued found about
SAW MILL, BANK, etc		4 selvel 1 ML
10. Date deceased last worked at this occupation (month and	f1. Total time (years) spant in this	
year)	_ occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) / Saldw	77.0	7
(State or country)	Mary Cane	
# 13. NAME William Is	uniour	
14. BIRTHPLACE (city or town)	work	Name of operation Date of
(30)	Out the:	What test confirmed diagnosis?
H B DA	Tair and	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O f6. BIRTHPLACE (city or town)	mon and.	Where did injury occur?
17. INFORMANT Elsie Isen (Address)	nock	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, QR REMOVAL	21.05 2.56	Manner of injury
Place Sulfunt Front	Date 20 28 193	3 Nature of injury
19. UNDERTAKER John Bush	an Soces,	24. Was disease or Injury In any way related to occupation of decoesed?
(Address)	Townsery and	If so, specify A Part Part Part Part Part Part Part Part
20. FILED 10 18 , 1933 In	Registrar	(Signed) (Signed) (Address) (Address) (Address)

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLAINLY, WITH

V. S. No. 1

item of infor-

(If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (wird the word) 5. SINGLE, WARRIED, WIDOWED, OR DIVORCED (wird the word) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 8. Trade, profession, or particular OR DIVORCED (wird wird on the date steed above, at. II 19, 23, deeth is one occurred in the died steed dove, at. II 19, 23, deeth is one occurred in the died steed dove, at. II 19, 23, deeth is one occurred in the died steed dove, at. II 19, 23, deeth is one occurred in the died steed dove, at. II 1, and the work wes done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work west on the defense the develo	1. PLACE OF DEATH	-CERTIFICATE OF DEATH
Village or City Length of residence in city or town where death occurred. 31_yrs	County Baltime	Registration Dist No. \$ 35
2. FULL NAME (a) Residence: No. (b) Considered of Book PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wise the ward) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 1 day,		No. St., Wa
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Place Burley Octe Nov. 8, 1933 Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any way releted to occupation of deceased? If so, spacify (Signed) Wilmer & Empty (Signed		(Specify city or town, county and State)
20. FILED Most. 6 ft., 1933 William I Chil (state (Signed) Wilmer & Ensor		3
20. FILED MODE & J. 1972 April (D. W.)		
		(Signed) Wilmer & Enger M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		kagAla	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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-
No.
si,
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1. PLACE OF DEATH	The second second	(59)	169
/ county Baltimore		Registration Dist. No.	-/
Village or City Dundalk		No. West & Martell ave. St.	Wa
	1	If death occurred in a hospital or institution, give its NAME instead of street at a large street at the street at	1 1 .
		ssds. How long in U.S.if of foreIgn birth?yrs	_mos
2. FULL NAME Mary H		1	
(a) Residence: No. N. E. CC	r. West & Martel (Usual place of abode)	.1 AVE Ward. If nonresident give eity or town	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH ->>	
Female White	108 DIVORCED (write the word)	Mov. 5-	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Fasano		(Month) (Dey)	(Year)
		22. I HEREBY CERTIFY, That I attend	
The state of the s	Anni 3 TT 1970	, 19, to	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	April II, /878.	I last saw h, 19	; death is s
5 8 Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	2 ormin.	were as follows:	Data of on
o kind of work done, as SPINNER, At Home		1 7 F F 1 - 1	1
4 9. Industry or business in which		acut are oración	u
work was done, es SILK MILL, SAW MILL, BANK, etc	1		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year) occupation		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) I taly (State or country)		4	
E 13. NAME Nicola Montanard		- Viane	
E E		-	
14. BIRTHPLACE (city or town)		Name of operation Date of	
		What test confirmed diagnosis? Was there a	
T		23. If death was due to external ceuses (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	UCLLY	Accident, suicide, or homicide? Date of Injury Where did injury occur? Where did injury occur?	
Mr Joseph Hegene		(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
17. INTURIVANT	West & Martell A	Specify whether injury occurred in The DOSTRT, in NOWE, of the Poblic	PLAUE.
18. BURIAL, CREMATION, OR REMOVAL	Mary'	Manner of Injury	
Place Sacred Heart of	Date NOV . 8, 1900	- Nature of injury	
19. UNDERTAKER George OF	with Dre	24. Wes disease or injury in any way related to occupation of deceased?	
(Address) / 2.8 10 - Children	1 (Care	If so, specify	

Nature of injury

24. Wes disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Signed)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 10 and 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

[Approved by U. S. Census and American Public Health Assn.]

ease causing death, state occupation at beginning of illness. If retired from business, that fact may be "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). has been changed or given up on account of the DISpersons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation be taken to report specifically the occupations of wife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should receive a definite salary) may be entered as Housevided for the latter statement; it should be used work and also (b) the nature of the business or in-dustry, and therefore an additional line is proman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, respective of age. For many occupations a single The question applies to each and every person, irhealthfulness of various pursuits can be known. occupation is very important, so that the relative Locomotive Engineer, Civil Engineer, Stationary Fire-Statement of Occupation .- Precise statement of For persons

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

f Example: Measles (disease causing death), 29 ds.;
e Bronchopneumonia (secondary), 10 ds. Never report
mere symptoms or terminal conditions, such as "As
thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility,"
("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition,"
"Marasmus," "Old Age," "Shock," "Uræmia,"
"Wakness," etc., when a definite disease can be ason Nomenclature of the American Medical Associastatement of cause of death approved by Committee nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on -accident; Revolver wound of head-hom Poisoned by carbolic acid-probably suicide. amples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. Exsulting from child birth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State certained as the cause. Always qualify all diseases renephritis, etc. "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough For VIOLENT DEATHS state MEANS OF INJURY and qualicause for which surgical operation was undertaken. current) affection need not be stated unless important Chronic valvular heart disease; The contributory (secondary or inter-Chronic interstitial head-homicide;

ADDITIONAL SPACE FOR FURTHER STATEMENTS &

For withou ation of mother statements of authorization of date of birth surletter filed mider Dr. Erwin - 4-4-34

S. No. 1

1	1		10870
/		PLACE OF DEATH	STATE OF MARYLAND
/		County Ballimore	CERTIFICATE OF DEATH
		D 6 . 00 4 1 1 49	Allower Wint of Registration Dist. No. 38
certificate.	Vil	lage or City Carffiell (No. Taylor of 20) 2FULL NAME Laurence Lough	A National Rd St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ertli	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
on back of c	3 5	MALL A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) OATE OF BIRTH	16 DATE OF DEATH Month Day (Year) 1933
(0)		(Month) (Day) (Year)	that I last saw h halive on N N 4 , 1933.
nstruction	7 A	GE 3 8 yrs. / mos. / ds. or min.?	and that death occurred on the date stated above, at
See In	1	Trade, profession or Jught blerk	Hodghins disense
rtant.	bi	o) General nature of industry usiness, or establishment in By O.R.R.	(Durstion) yrs. mos. ds.
importa	9 8	(State or country) Ballomd.	Contributory Secondary (Duration) yrs
very		10 NAME OF SLO: Luge	(Signed) M. D. M.
ON IS	ENTS	OF FATHER (State or country) Balto Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	PAR	OF MOTHER Starah B	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCO		13 BIRTHPLACE OF MOTHER (State or Country) BaltoMd	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
of	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
tatement		Jayler And my House West of Eld Hayland /	Dan word chem Nov. 6/, 1933
St	15	Filed 1/5 1933 G. M. Bacow Registrar	Philips yerry Sons Orleans St.
		If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The (b) Grocery,

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S A 14 V managed in detail, it will prevent further correspondence. All the tial and must be obtained before the certificate is

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1	Village or City	Bulls	uch!	midd	le Rouer Registration Dist. No. St.	W
		In city or town where	leath occurred	/	death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	number)
2. 1	FULL NAME (a) Residence: N	HARR	Poin (Usual place	Fisch + Road	St., Ward. If nonresident give city or town an	
DOCUMENT	PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH	J Diate
3. SEX	ale	OLOR OR RACE WhitE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH NO VEMber 8 (Month)	. 193 (Yea
H	narried, widowed, or USBAND of	divorced			22. I HEREBY CERTIFY, That I attended	doceased
(0	or) WIFE of				. 19to	
6. DAT	E OF BIRTH (mont	n, day, end year) A	oril 2	9.1929	I last saw h alive on, 19	
6. DAT 7. AGE	Years	Months 6	Days 10	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1-2
P NON	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		Lobar Pneumonia.	No		
	Date deceased las this occupation year)	t worked at (month and	Sp6	time (years) ent in this cupation	Other Ceatributory Causes of importance:	
on Istruc	(State or country)	hN H		cher.		
	BIRTHPLACE (city	or town) Ba	Itim		Name of operation Date of	
-	(State of Country)			md.	What test confirmed diagnosis? Wes there en	autopsy?.
HER HER	MAIDEN NAME	Margo	retL	=. TudeR	23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
MOT 16	BIRTHPLACE (city		altin	nore,	Accident, suicide, or homicide? Date of injury	, 19.
iii iii	17. INFORMANT JOHN H. Fischer			cher.	Where did Injury occur? (Specify city or town, county and Str.) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
.52	(Address) B	OR REMOVAL	pate NOT	5.16 1933	Manner of Injury	
NO 19. UNI	DERTAKER THE	chard T	Curl	let ave	24. Was disease er Injury In any way related to occupation of deceased?	
20. FIL	ED 11/9	19.38 7	lew 5.	Connelle	(Signed) acol sallon an Core	mer

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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributers course of inner	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1	County Keltin or	160	Registration Dist. No.
	Village or City Spanner	soint	No. 12-15 Beled word st. Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
2	Length of residence in city or town where death occurre		ds. How long in U.S. if of foreign birth? yrs. mos. mos.
	(a) Residence: No. / L 3 Sec. (Usual	Iplace of abode)	Ward. If nonresident give eily or town and State
	PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	nale whats OR DIV	, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193 3. (Year)
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased f
6. 1	DATE OF BIRTH (month, day, and year)	287 1933	I last saw h alive on, 19; death is
7. /		If LESS than I day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.			Date of o
OCCUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Total time (yaars) spent in this occupation	
12.	BIRTHPLACE (city or town) Spane (State or country)	d.	Other Contributary Cayses of importance One (2) of Iwoms. Had been dead in where
FATHER	13. NAME Luy & Fisher		for a week as least
FAT	14. BIRTHPLACE (city or town)	Penna	Name of operation What test confirmed diagnosis? Was there an au'opsy?
HER	15. MAIDEN NAME Mary F. Ma	rohal	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTH	16. BIRTHPLACE (city or town) Penny	reld	Accident, suicide, or homicide? Date of Injury, 19
	(State or country) INFORMANT Mary A. First (Address) Samuesto	get	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, OREMATION, OR REMOVAL Player to Johns Day	ophus 19	Manner of Injury
19.	UNDERTAKER Nations cal Lat	watery	24. Wes disease or injury in any wey related to occupation of deceased?
20	FILED NOV 2 8 1932 191 ALSTO	mies (m)	(Signed) J. J. Jorymess.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Ballyriose	Registration Dist. No.
Village or City Semmers Ram	Notace and mill Dams Roads
Valenous	If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsm	osds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Baltara S. Hank	Reda
(a) Residence: No face and Mult atom (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the Gord)	160. 28 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Change of Fire of	22. I HEREBY CERTIFY, That I attended deceesed from
1000 C. 17/0000	19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on long deeth is sa
7. AGE Years Months Days If LESS than 1 day,hr:	to have occurred on the date stated above, at the principal cause of importance
38 0 26 ormin.	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, At Home SAWYER, BDDKKEEPER, etc.	Sercem ma maces
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O this occupation (month end spent in this	
yaar) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Menous	
(State or country)	
14. BIRTHPLACE (city or town) Vyknow	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mory Classick 16. BIRTHPLACE (city or town) Vanhaman (State or country)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury
Country O O O O	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) farmers from Ind-	Specify whether injury eccurred in INDOSTAT, in HOME, of the ODERC PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Jion Litheran Enellypate Sec. / 1033	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
Stipped in the Hook on the	
19. UNDERTAKER MEDICAL COLOR JONS (Address) 7401 Selain, Load	If so, specify
	If so, specify (Signed) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V S.	.]		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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A.	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	92-0)
should of	County 63 allume	Registration Dist. No. 37
sho of	Village or City lockey salle	No. St., Ward
00 - /		(If death occurred in a hospital or institution, give its NAME instead of street and number) age de Hew long in U.S. if of foreign birth?
IAN mei	2. FULL NAME Clara.	4 allihan
YSICIANS	(a) Residence: No. Corkeysalle	St., Ward.
- 1	(Unal place of abode)	If nonresident give city or town and State
PE	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
LY.	finele white OR DIVORCED (write the word)	21. DATE OF DEATH O Month) (Month) (Day) (Year)
A C T] ssified	55/ If married, widowed, or divorced HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
X A	Stavences / Jalina	m cy 1931, to more 30 1933
	6. DATE OF BIRTH (month, day, and year)	I last saw here alive on 100 30 , 1933; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 4-m.
sta pro cert	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of oneset
be of	O SAWYER, BDOKKEEPER, etc.	Hermphlegra mg 31
may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
sh it on	O Jo Date deceased last worked at 11 Total time (years)	avrte Insufficiency May 31
	this occupation (month and year) spent in this occupation	Dther Contributory Causes of importance:
se acti	12. BIRTHPLACE (city or town) (State or country)	Differ Contributory Causes of Importance;
supplied n terms, ee instru	13. NAME Euros & Willer	
sur in to See	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of
ully pla	# 15. MAIDEN NAME Eleanor Weryman	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
be carefully EATH in pla important.	16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
ATI ATI	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
PAN	17. INFORMANT my fith Carter (Address) Cressys all Wood	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7.60	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ion USE	Place Jerryn Cockeypertlebate New 2, 193	Nature of injury
CAUSE TION is	19. UNDERTAKER War C Burles for (Address)	24. Was disease or injury in any way related to occupation of deceased?
T	20. FILED Dec 1 1933 William J Chil coal Press, Registrar,	(Signed) B BROAND M. D. (Address) Coeley and Med
0		r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	. 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chron interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mport

state

HEALTH DEPARTMENT-CITY OF BALTIMORE 10

CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No CITY OF BALTIMORE: (No. Morth Pt Road near thise and (If death occurred in a hospital or institution, give its NAME instead of street and number.) (Usuai place of abode) (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, or Divorced (write the word) 3. SEX 4. Color or Race 21. DATE OF DEATH (month, day, year) HEREBY CERTIFY. gle. That I attended deceased 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .. 19..3.7. to have occurred on the date stated above, at. hor 30 1921 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of 7. AGE Years Months Days If LESS than Date of onset 1 day.....hrs. 20 mailles ormin. 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mili. ssw mili, bank, etc.. 10. Date deceased last worked at 11. Total time (years) this occupation (month and Other contributory causes of importance: occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation. 14. BIRTHPLACE (city or town). What test confirmed diagnosis wat r Clause Was there an autopsy? (State or country) 23. If death was due to external causes (violence) fill in also iowing: 15. MAIDEN NAME Stets 1 ma Accident, suicide, or homicide?......Date of injury. 16. BIRTHPLACE (city or town). Where did injury occur?... (State or country) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public 17. INFORMANT (Address) Manner of injury 18. BURIAL, CREMATION. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Zeo If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: 1 week ago 1915 Attack of epilepsy Arteriosclerosis 1 week ago 1921 Run over by street car Chronic interstitial nephritis 3 days ago July 5. 1927 Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance; May 1, 1923 Gastroenteritis 1 wear Gallstones

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PLACE OF DEATH	STATE OF MARYLAND
County Relling	CERTIFICATE OF DEATH
	(39)
lifeting 116 Lee	Registration Dist. No. 4
Village or City (No.//	St.: Ward) a hospital or institu-
odnie 6	tion, give its NAME is stead of street and
2FULL NAME JULY M	July, number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SET 4 COLOF OR RACE 5 SINGLE,	16 DATE OF DEATH Z
WIDOWED. OR DIVORCED	15ruf 22, 1933
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I actended the deceased from
mark 23, 1877	1992 to 1953,
(Month) (Day) (Year)	that I last saw h lalive on 1985,
7 AGE	
56 yrs. 7 mos. 30 ds. or min.	
occupation yrs. mos. ds. or min.	
(a) Trade, profession or	partito helito
particular kind of work (b) General nature of industry	,
business, or establishment in	(Duration) 3 vrs. mos. de.
which employed or (employer)	Contributory Quet To A land
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF A	(Duration)de.
FATHER Appales B Backery	(Signed) M. D.
0 11 BIRTHPLACE	16 131903 (Address) 1 4 D 4 1725075
OF FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAMEN . Q D'	
of MOTHER Anne C. Reference	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
X: aliai m 12. Lana	Former or sava residence
(Informant) Must Wive p - Jawritur	19 PLACE OF BURIAL OR MEMOVAL / PATE OF BURIAL
(Address) 1/6 Luns (Me	Loudon (Part Comstant Nov. 25, 1, 33
15 M. of 201 2 = M 10 - 1: 11	20 MN DERTAKER ADDRESS,
Filed/W 14 19233 He Markette	the self dataste with the are
Registrar	Junge W. William 3101 Man 1. Mr.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many ""Deal-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid-probably suicide. The n-ture of the injury, tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainstated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease (secondary or intercurrent) perilonaeum, etc., Carcinoma, Sarcoma, (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease; affection need not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE.

AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info	ld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
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K, H	aref	I in	rtan
NLY	oe ca	ATI	y important. See instructions on back of certificate.
Y	ld l	DE	y ir

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16877 STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. if married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years / Days Months If LESS than to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Data of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this 0 occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?_. . Was there an autopsy?__ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOVAL Manner of Injur Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify Registrar.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	5-1016
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
	in ag 1,10x0		1 gear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

Exact statement

be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		23)	010
County Baltimore		Mt. Wilson Branch, Md. 32	•
Village or City Mt . Wilson		Mt. Wilson Branch Md. NoTuberculosis Sanatorium St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occur	red 0 yrs 1 mos	s. 13 ds. How long in U.S. if of foreign birth?yrsm	nosds.
2. FULL NAME Oliver Y.	Harris		
(a) Residence: No. 3208 Milfor	d Avenue	St. Ward. Baltimore, Mo	d.
	alplace of abode)	If nonresident give city or town and	J State
PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH	
Male White OR DI	E, MARRIED, WIDOWED, VORCED (write the word) idowed	November 24th (Month) (Day)	, 193 3 . (Year)
5a. If married, widowed, or divorced HUSBAND of	77 2	22	
(or) WIFE of Laura A.	Harris	October 11th, 1933, to Nov. 24th	deceased from
6. DATE OF BIRTH (month, day, and year) July 1	3th, 1893	l last saw him alive on Nov. 23rd, 1933	· death is said
	ays If LESS than	to have occurred on the data stated above, at 1.05 A.m.	-, 00001113 3010
40 4 1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
8. Trade, profession, or particular			Date of onset
kind of work done, as SPINNER, Atto		Pulmonary tuberculosis.	Oct.
industry or business in which ASSOCIA work was done, as SILK MILL, JUVENII SAW MILL, BANK, atc. 3 yrs	e Court		1932.
Sawyer, Bookself of Bank, Atto Sawyer, Bookkeeper, etc. Industry or business in which Association work was done, as SPINNER, Atto Sawyer of business in which Association work was done, as SILK MILL, UVC11 I SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and 1932)	Total time (years) spent in this Q		-
	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland			x 3 1-0-7-0
		Laryngeal tuberculosis. Apr	
13. NAME Samuel Y. Harris 14. BIRTHPLACE (city or town) Calvert C			pt.1933
14. BIRTHPLACE (city or town) Calvert C (State or country) Maryland.	ounty,	Name of operation No operation Date of	17
	re .	What test confirmed diagnosis? X-Tay, and Was there and	autopsy?_NO
Cloudogto		23. Il death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Virginia (Stata or country)	1 0000,	Accident, suicide, or homicide? Date of injury	, 19
-1. D.	00.	Whera did injury occur? (Specify city or town, county and State (Specify city or town, county and Specify city or town, county and city city o	te)
17. INFORMANT ours A. McLuer (Address) Mt. Wilson, Md	non	Specify whether injury occurred in INDÚSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place horroune Cemelery Date	loy/27 ,1933	Natura of injury	
19 UNDERTAKER LOS WILLOWS		24. Was diseasa or Injury in any way related to occupation of decagaed?	No
(Address) 1603 Ht Rav		If so, specify	
20. FILED how/24 1933	O My	(Signed) four G. Juille	M. D.
	Registrar.	(Address) Mt. Wilson, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH Baltimone ly classified ificate. omville (No. Ofrety Murring Mus anna Her PERSONAL AND STATISTICAL PARTICULARS 5 MNGUL 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, pe pe CR DIVORCED (Write the word) ay BINDI I HEREBY CERTIFY. mo 6 DATE OF BIRTH that I last saw har alive on (Month) (Day) OF fLESS than 7 AGE I day hrs. suppli torm Ш BOCCUPATION (a) I rade, profession or 100 particular kind of work Ш 0 (b) General nature of industry Q. business, or establishment in Ш <u>_</u> which employed or (employer). Contributory 9 BIRTHPLACE Secondary ARGIN (State or country) EA 10 NAME OF 0 FATHER 0 11 BIRTHPLACE o w OF FATHER ()Z RENT CAUS (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PA OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death. (State or country) Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE houi of statement 60 9 EVERY W Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME ir stend of etreet and

number.) MEDICAL CERTIFICATE OF DEATH That I attended the deceased from and that death occured on the date stated above, at L. (Duration) the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the Stateyrs.....mos.,

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examile: a additional line is provided for the latter statement; it the first line will be sufficient, e.g., Permer or Planter, Physician, Compositor, Archived, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gazed in domestie service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken desinite salary), may be entered as Housewife, Houseer," et ... wor'd on may form part of the second statement. werer return 'Laborer,'". Foreman," "Manager," "Deal-Spinner, (b) Cotton sary to know Statement of Occupation Precise statement of oe whatever, write None business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a on at home, nature of the business or industry, and therefore an eases, especially in industrial employments, it is necesreport specifically the occupations of persons en-Foreman, engineer. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day who are engaged in the duties of the (b) Automobile Stationery Jireman, 11 . the kind of work and also (b the mill; (a) Salesman. Laborerfactory. The material -Coul mine, etc. But in many (1) Wom-

Stateme t of Cau e of Death—Name, first, the DISEASE CAUSING DEATH thep in ry affection with respect to time and causition, using always the same accepted term for the same dinner. Examples: Cordinational fever (the orly definite symmathis in pidemic cerebrospinal mentions); Diphtheria avoid use of "Cropp"; Typhoid fever (never report "Typhoid Preumonia"; Lobar sneumonia. Branchapmeunonia ("Pneumonia.")

"PUERPERAL scplicaemia," "PUERPERAL perilonilis," clc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" causing death), 29 ds.; Bronchopnoumonia (secondary), stated unless important. Example: Measles (disease (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., efc., efc., (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine deficitely. State cause for which surgical operation was undercan be ascertained as the cause. approved by (Recommendations on statement of cause of letanus) may be stated under the head of "contributor;" " as fracture of skull, and consequences (e carbolic acid—probably suicide. accident; Revolver wound of head-homicide: Poiso ed by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOTICITAL, taken. American Medical Association.) "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need not be Committee on Nomenclature of the Chronic valualar heart dinase; etc. The contributory The nature of the injury, Always qualify all S., 86, 878, Messles;

If this certificate is Looked over thoroughly and all questions answered in detail, it will prevent further correspondence. No data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAN CERTIFICATE OF DEATH Registration Dist. No. a hospital cr institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH pro 3 SFX A COLOR OR RACE 16 DATE OF DEATH MARRIED. 00 WIDOWED. OR DIVORCED ğ (Month) O (Write the word) may n ba HEREBY CERTIFY. That hattended the deceased 6 DATE OF BIRTH s so that i (Day) (Month) (Year) and that death occured on the date stated above, at //-7 AGE HILESS than I day hrs. ds. or min.? L ter 8 OCCUPATION 0 (a) Trade, profession or particular kind of work be carefully EATH In plai important. B (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country 0 10 NAME OF 192 - (Address) 11 BIRTHPLACE O III RENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury end (2) whether Accidental, Suicidal or Homicidal. SOZ 3 0 (State or country) 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state SCUP/ 0 ients or Recent Residents) CCUI 13 BIRTHPLACE In the At place OF MOTHER of death yrs..........ds. State yrsde, 00 (State or country) Where was disease contracted. hout if not at place of death?.. of Fermer or usual residence. (1) Every it CIANS stateme 19/PLACE OF BURIAL OF REMOVAL DATE OF BURIAL If more banks are needed, address State Registrar, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

RESERV

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the laborer, Farm laborer, Laborar—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative health state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken werk, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housecases, especially in industrial employments, it is neces-Physician, Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g. . Farmer or Planter, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. Compositor, Architect, (b) Automobile factory. The materia For persons who have no occupation Locomoline engineer But in many (b) Grocery,

Stritement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); Lobar pnethnonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse." "Coma," "Convulsions," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, telunus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinona, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the curbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping American Medical Association.) (Recommendations on statement of cause of ucudent; Revolver wound of head-homicite; Poisoned by Examples: Accidental drowning; Struck by railway train . (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; Chronic etc. vahrular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Itho data is essential and must be obtained before the certificate is permanently filed.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Daltomore	Registration Dist. No. 30
Village or Gity Coatonsville 6	for the course of the Mark Hofsel Ward (feeth occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	s. 25_ds How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Larah N. Hess	rey
(a) Residence: No. Hyatsulle m	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wire the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. O I HEREBY CERTIFY. That I attended deceased from
n = = = 1,001	I last saw here elive on 9200 (1933; deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 3 m.
/// // // // // // // l day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
46 // Z ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A. C. Teache SAWYER, BOOKKEEPER, etc.	7
9. Industry or business in which work was done, as SILK MILL, Public Hard	Perinciono Unaema / mo
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month end 1933 spant in this 20 4	
2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Hemorhage from bladder (was
13. NAME John Kosser	Hemorhage from blasser Iwa
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Emma Mcholson	23. If death was due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT the Hessey 210. (Address) 1520 Fidol Li Glda.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chestutown had Date 11/1 1933	
Charle O. I.	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1247 Af Male Aff	If so, specify
20. FILED //-/ , 1933 // G Clud seal	(Signed) (LATEL M. D
Nelse unter Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

STATE OF MARYLAND—CE	ERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Oldennion	Registration Dist. No.
Village or City Nise an. Balto. Co.	No. St., Ward
Length of residence in city, or town where death occurredyrsmos	th occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Kathering Adal	
(a) Residence: No. Wise are	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (qurite the word)	L. DATE OF DEATH // 2 6 1/4 (Year)
Sa: If married, widowed, or divorced HUSBANO of	.] HEREBY CERTINFY, That I attended deceased from
(or) WIFE of	1923 to Nov 22 1933
6. DATE OF BIRTH (month, day, and year) Nov. 7th 1933	last saw her alive on Nov. 22 , 19 33; death is said
	o have occurred on the date stated above, at
— /9 1day,hrs. Th	The PRINCIPAL CAUSE OF DEATH and related causes of importance vere as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, ————————————————————————————————————	Julianany
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	pt for the standing
SAW MILL, BANK, etc	wall all
11. Total time (years) this occupation (month and year) year) occupation	
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	(Allegue by 16
II 13. NAME Dam Hook	V f www.
13. NAME Daw Hotel 14. BIRTHPLACE (city or town) Russia No.	Name of operation Date of
(State or country),	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / attacying M Martin 23.	3. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Atherry / Martin 23. 16. BIRTHPLACE (city or town) Baltin A	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country) W	Where did injury occur?
17. INFORMANT Where I Took 's (Address) Wiceau	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR BENOVAL . 25	Manner of injury
Place Duered Klark Oate 101 23, 1937 N	Nature of injury
19, UNDERTAKER Ohn Welber 24.	4. Was disease or injury in any way related to occupation of deceased?
	If so, specify Carlot Color
20 FILED NOV 27, 1933 4 Al Homise My	(Signed) Janous Janu M. D. (Address) Convous Janu

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
J.)		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
7/1/1	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
----------------------------	---------------------------

V. S. No. 1

ON DINDING	S A PERMANENT	tated EXACTLY	roperly classified.	rtificate.
1	ISI	s ec	oe p	of ce
DIMINITATION OF THE PROPERTY O	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
	Z			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1408.5
County Buttime Co.	Registration Dist. No. #2
Village or City It aletterpe PO.	No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
The state of the s	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Boutara Horn	ung ()Larnung
(a) Residence: No. 5th aue Laurdon	met, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White , OR DIVDRCED (guite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Corn WIFE of Rate andrew Horning	22. I HEREBY CERTIFY, That I attended deceased from 0 4 29 19 3 3 to Lov 20 19 3)
6. DATE OF BIRTH (month, day, and year) Oct 5, 1857	I last saw h a alive on Los 20 , 19 ² 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 400 Pm.
76 1 15 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Jutustinal Paralysis Po/29/53
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this excupation (month and	3
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
TO RIPTURE OF CITATION OF COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1 to and
13. NAME Cage Michler	
13. NAME Jeoge Michler 14. BIRTHPLACE (city or fown). Jerusany.	Name of operation Last use Date of
(State or country)	What test confirmed diagnosis? Leve cal Life Was there an autopsy? Leo
15. MAIDEN NAME Kolengunda Hurtinann	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Kolangunda Hurtinann 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT - Uma R, seller, (Address) Wash Blod.	Specify whether injury occurred in NDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Holy Cross Cemt. Date Nov. 23 19 33	Nature of injury
19. UNDERTAKER Geo. W. Zirkler (Address) 1737 E. Eager St.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED AM 22 1933 Gertraffer	(Signed) A amount the M.D.
If more blanks are needed, address State Registrar.	(Address) A C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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e of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	7
1915	Attack of enilensu	
	Truck of epitepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Peritonitis -	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
y	5,1927	Other contributory causes of importance:

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Eyery item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be B.—WRITE PLAINLY, WITH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	Registration Dist. No
2. FULL NAME Etta E How (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH Nov. 75, 19,33
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Wm - Seuro Howard	22. 1 HEREBY CERTIFY. Thet I attended deceased from 1937, to 2007, 722, 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Service Months Days If LESS than 1 day,	I last saw h alive on North 6 the 1933; death is said to have occurred on the dete steted above, et. 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Frede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmoray Duberulosio Osta of onset
SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Maddle to year	Other Coatributory Causes of importance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Neme of operation. Date of
(State of country)	What test confirmed diagnosis? hyperal Rights Was there en eulopsy? 220
15. MAIDEN NAME Many 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Mus Junes Gordin (Address) Gordina Mark	(Specify city or town, eounty and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date New 9, 1933	Manner of injury
19. UNOERTAKER Won C. Parolo of In (Address) Sparles, and	24. Wes disease or injury in any way related to occupetion of deceased? 100
20. FILEONOT & 1938 What P. Butter Sept Registrar.	(Signed) Adulf M. M. D. (Address) Australia M. D. (Address) Australia M. D. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I			Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of importance were as Attack of epilepsy	f death and related causes follows:	Date of onset
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	TERROR WELLINGEN	3 days ago
				1
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

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te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
info sta UP.	1. PLACE OF DEATH	(210-9)
ould OCC	County Daltimore	Registration Dist. No. 49
should of OCC	Village or City Dennis	No Mashung Lon Start. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
~ W/	Length of residence In city or town whera death occurred	
CD. Every CSICIANS statement	2. FULL NAME Mabel Jase to	mard
Est tat	(a) Residence: No. fine franchist !!	7st C. Ward.
5 1	(Usual place of abode)	If nonresident give city or town and State
EEC PI Xact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Į.	Temple White Married	Month (Day) (Year)
X A C T I	5a. If married, widowed, or divorced HUSDANID of Jeage M. Howard	22. I HEREBY CERT1FY, That I attended daceased from
[2] [2] (i)	6. DATE OF BIRTH (month, day, and year) March 1, 1877	1 last saw h alive on
d Perly erly icate	7. AGE Yaars Months Days If LESS than	to hava occurred on the data stated abova, at 5 4 5 7 m.
IS A P stated properl certifica	56 8 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
be so por color of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Dete of onset
VK—TI should it may n back	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceasad last worked at this securation (month and	Crusped Skull
INK S sh t it	10. Date daceasad last worked at this occupation (month and year)	
OING I AGE so that ctions o	12. BIRTHPLACE (city or town) Balifay M. S.	Dther Contributory Causes of Importance:
– • – •	(Stata or country)	Automobile Accident
UNFA supplied n terms, ee instru	II 13. NAME 10. E. Pykey	
H T su sin t	14. BIRTHPLACE (city or town) - Albaufay - (Stata or country)	Name of operation Date of
7 2 6	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
WI refull in p ant.	15. MAIDEN NAME Janes Journe	23. If daath was dua to external causas (VIDL ENCE) fill in also the following:
INLY, be car EATH import	16. BIRTHPLACE (city or town) - The San Agent And State or country	Accident, suicide, or homicide? Accident Date of injury 1114, 19-33
N of A ii	et milt	(Specify city or town, county and State)
S PLA Should OF DI	17. INFORMANT SAN PROPERTY OF THE PROPERTY OF	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F.3 PA	183 BURIAL CREMATION, OR BEMOVAL LANGE	Manner of Injury
	A Pace for North Sestavale /WV. 10, 1933	Nature of injury
-WRIT mation CAUSI TION	19. UNDERTAKER Laston Sont	24. Was disease or Injury In any way ralated to occupation of deceased?
9.	(Address) Oflicate lity	If so, specify ff ff fg 77
z (T)	20. FILED 1/1/5/33, 19 Sem Kefeler Registrar.	(Signed) Ithal Jarrell ! nomos
10	If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance ED Gallstones NOV 16 BUREAU V. S.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH			
1. PLACE OF DEATH	87-2		
County Ballimore	Registration Dist. No. 38		
Village or City Lowson	No. Jock Kd Dusquehanna quest, Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Ellanos Phillips Is	sac .		
(a) Residence: No. Hork Rd + Susquellanna as (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 ,193 70 (Year)		
5e. If married, widowed, or divorced			
HUSBAND OF (or) WIFE of Williams M. Asaac	22. I HEREBY CERTIFY, That I attended deceesed from 19 10 10 10 20 1933		
6. DATE OF BIRTH (month, day, and year) Oct 11 1837	I lest saw h.ex elive on 100 20, 19 32 deeth is seid		
7. AGE Years Months Deys If LESS then	to heve occurred on the dete stated above, et. 6.20 Pm.		
96 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trede, profession, or perticular kind of work done, as SPINNER, at Home SAWYER, BOOKKEEPER, etc.			
SAWYER, BOOKKEEPER, etc.	Definitely age		
Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oete deceased lest worked at this occupation (month end year) occupation			
12. BIRTHPLACE (city or town) Baltimore Go	Other Contributory Causes of Importence:		
(State or country) margland	Ceveloral Gelesones 340		
13. NAME Thomas Phillips			
13. NAME Thurses Phillips 14. BIRTHPLACE (city or town) Cornwall (Stete or country) England	Neme of operation		
15. MAIDEN NAME RMY Penny	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Any Penny 16. BIRTHPLACE (city or town) Balanus Co	Accident, suicide, or homicide?Oate of Injury, 19		
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Edward B. Passano (Address) Lowson ond	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Delicial Ridge Cemelly Octo Nov- 28 , 1933	Neture of injury		
19. UNDERTAKER Chas. S. Black (Address) 742 W. A orth ave Ballinos and	24. Was disease or injury In eny way related to occupetion of deceased?		
20. FILEO Nor 20 193 The P Gulter	(Signed) JUNE WAR M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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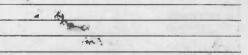
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where steeth occurred. How long in U.S. if of foreign birth? ______yrs._____mos. cloon aest. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) (Month) (Yeer) 5a. If married, widowed, of divorcad HUSBAND of 1 HEREBY CERTIFY. That I attended deceased from (OF) WITE OF 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Dave If LESS than to have occurred on the date stated above at 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.... NO OCCUPAT Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc 10. Date dacaased last worked et 11. Total time (yeers) this occupation (month and occupation ... Othar Contributory Causes of importanca: 12. BIRTHPLACE (city or town) == (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) Whet tast confirmed diagnosis? ___. . Was thara an au'opsy?_____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicida, or homicide?_____ Data of injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country Where did injury occur? wify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL, CREMATION/OR REMOVAL Mannar of injury 24. Was disease or injury in any way related to occupation of daceased? 19. UNDERTAKER (Address) if so, specify 20. FILED (Address) A waddelk Dad

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Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LANGE BAU V. D	- 1		
	V, I		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARKIEMAD	CERTIFICATE OF DEATH
1. PLACE OF DEATH	30
County 18altuno18	Registration Dist. No
Village or City Catonsville	death occurred in a horpital of institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Eikel Ind. Jen	egon.
(a) Residence: No. Bucking Land	astra Woodfat.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale white married	(Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased
(or) WIFE of albert C, Jenezon	nov 19, 1931, to sov 6", 193
6. DATE OF BIRTH (month, day, end year) Det. 15/18 78	I last saw here alive on 20067, 1933; death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2m.
5.5 0 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL.	Certhal Hemonrage / to
O P10. Date deceased last worked at 11. lotal time (years)	apapay-
o this occupation (month and year) - 706-4-19-1 spant in this occupation 15-1/2	Stroke.
IN DIRECTION OF CHARLES BY SERVICE STATE OF CHARLES BY SERVICE STATE STATE OF CHARLES BY SERVICE STATE S	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	arteris Sclorosis 171
13. NAME Win field Deverson	
14. BIRTHPLACE (city or town) Baltmod	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Carriet Buikley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Balting of (State or country)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANCELLOS C Jeneson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Tree Date 9, 1950	Nature of injury
Im Park	24. Was disease or injury in eny wey related to occupation of deceased? Ro -
10 Halbertaken	
19. UNDERTAKER (Address)	If so, specify
(Address)	If so, specify (Signed) (Signed) (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 4 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-KLY, WITH YONFADING INK-THIS IS A PERMANENT RESORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLA

V. S. No. 1

/	STATE (OF MARY	LAND-	CERTIFICATE OF DEATH	1889
1. PLACE C	OF DEATH			(815)	1
County	On Otem	0/5		Registration Dist. No.	0
Village or	0/	nsirll	Z. CIF	No Abrung Grove Hospetal St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of re	esidence in city or town where	death occurred 4	g_yrsmos.		
	7	1 B	1-6		
2. FULL NA	20	the state of	00	St. Ward. Ind	
(a) Reside	ence: No. Joy	(Usual place of	abode)	If nonresident give city or town and	State
PERSO	NAL AND STATIS	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	0	IED, WIDOWED, (write the word)	21. DATE OF DEATH November 18	, 193 3
5a. If married, wide	1 20 - 20 21	mar	red	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	wed, or divorced	ono		22. I HEREBY CERTIFY, That I attended Nov. 134, 1890, to Nov. 18	deceased from
A DATE OF BIRTH	T (manth day and man)	. 6		1 last saw herinalive on 22 m 187, 1933	; death is said
	ears Months	Days	If LESS than	to have occurred on the date stated above, at 3. Am.	
	84 ?	?	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onset
8. Trada, pro- kind of SAWYE	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	lenku	swn	Carebral Hemorrhage	Kow
9 Industry of	r business in which was done, as SILK MILL, MILL, BANK, etc	make	now	apoplexy	
10. Date decer this occ year)	ased last worked at cupation (month and		na (years) t in this pation And		
12. BIRTHPLACE ((city or town) New	Yax (Sely-	Other Contributory Causes of importanca:	
(State or co	ountry)	Lew yo	Mi	aterio-Sderosio_	Longro
13. NAME	unk	mon!			
13. NAME 14. BIRTHPLA	CE (city or town)	know	~	Name of operation Date of_	
(State	or country)	4		What test confirmed diagnosis? Was thera an	au'opsy?
15. MAIDEN I	NAME dunk	tucom		23. If death was dua to external causes (VIOLENCE) fill in also the following	ig:
16. BIRTHPLA	CE (city or town)	4		Accident, suicide, or homicide? Date of injury	, 19
∑ (State	or country)	4		Whera did injury occur?(Specify city or town, county and St	
17. INFORMANT	Frank M	Depte	lend N/O	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.
	IATION, OR REMOVAL	111-	- / 35	Manner of injury	
nationace!	arlington, ta	Date /	22/1933	Nature of injury	
19. UNDERTAKER	Harry 7	V. heitz	te	24. Was diseasa or injury in any way related to occupation of deceased?	no
(Address)	410116.2	marasp	my clue	1 so, specify (Signed) Coll. E Garrett	M D
20. FILED.	20 , 1930 KA	refully	Registrar.	(Address) Catanarile 7	20
	If mo	re Manks are needed, a	ddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 4			
Other contributory causes of importance:	*	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	item of infor-	should state	of OCCUPA-	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
DIVIDITION OF THE PROPERTY AND ASSESSED.	A PERMANENT	ed EXACTL	erly classified.	ficate.
2	K-THIS IS	ould be stat	may be prop	back of certi
TOTAL VIEW	FADING INI	lied. AGE sh	ms, so that it	structions on
	Y, WITH UN	arefully supp	H in plain ter	rtant. See in
	RITE PLAINE	ion should be	USE OF DEAT	TION is very important. See instructions on back of certificate.
	[M-	mat	CAI	TIO

mation should N. B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-20
County Pallo	Registration Dist. No. 33
Village or City Freeland, RD	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John R Keys	
(a) Residence: No. Frelland hell	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 74 (Month) (Day (Par)
5a. If merried, widowed, or divorced . HUSBANO of Analysis and Analysi	Native Na
(or) WIFE of Delia Morris 1 lego.	22. I HEREBY CERTIFY, That I ettanded deceased from
E DATE OF BIRTH (month day and was) Queen 3-164.1844	1000, 14, 1933, to Nov. 24, 1933
6. DATE OF BIRTH (month, day, and year) fuce 2/4./8 44 7. AGE Years Months Oays If LESS than	I last saw harma alive on 2000, 23 - , 1923; death is said
89 Salata	to have occurred on the date stated above, at 1.0.7.5m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
101	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Netered Forencey SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	cervia pourmage
work was done, as SILK MILL. IT. Trackman. SAW MILL, BANK, etc.	
10. Oate decaased last worked at this occupation (month and 1910 spent in this 4949 occupation 20 occupation 1910	•
Q-01-60	Other Cuntributory Causes of importanca:
12. BIRTHPLACE (city or town) 1 Calco	
13. NAME Heigh. Heigh.	(Millo Dilerors
(State or country)	Name of operation Date of
m Market 1	What test confirmed diagnosis? Was there an autopsy?
15, MAIOEN NAME / Walleda Treeland	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ACT SOLVE	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Mace Low Oliver Date Mr Y 1933	Natura of injury
19. UNDERTAKER Paul N Harleusley	24. Was diseese or Injury in any way ralated to occupation of dacaasad?
(Address) New Freedow (19	If so, specify
20. FILED Nov 26, 1933 Chester Fred	(Signad) Affagle M.D.
Registrar.	(Address) New terledan Par
If more blanks are needed address State Periode and	N Charles Sweet Belginson D. N. G. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year

HEALTH DEPARTMENT-CITY OF BALTIMORE 16891

CERTIFICAT	TE OF DEATH (19)
1. PLACE OF DEATH	Registered No
CITY OF BALTIMORE: Pro. 526 annslie &	St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Longth of residence in city or town where death occurred	mosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME / Coine H. Lembubl	***************************************
(a) Residence: No.520 amuslic Rd (Usual place of abode)	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) Tunale White Manual 5a. 1f married, widowed, or divorced 1 1 0 0 00	21. DATE OF DEATH (month, day, year) 700 77, 1930 22. HEHEBY CERTIFY, That I attended declared from 1933 to 700 27, 1937
HUSBAND of albert / Temkuhl	I last saw he alive on
6. DATE OF BIRTH (month, day, year) Dec 29 1876	to have occurred on the date stated above, atm.
7. AGE Years Months Days If LESS than 1 dayhrs. ormin.	The principal cause of death and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, found in saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year).	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Balto City (State or country)	Autotore to restore
13. NAME John (1. Muther) 14. BIRTHPLACE (city or town) Dirmany (State or country)	Name of operation
15. MAIDEN NAME I line La Porte.	lowing: Accident, suicide, or homicide?
15. MAIDEN NAME Cline La Corte 16. BIRTHPLACE (city or town) Balta City (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT albul Tempuhl (Address) 520 annualis Rd	place
18. BURIAL, CREMATION, OR REMOVAL Parker 30, 1933	Manner of injury Nature of injury
19. UNDERTAKER JES Give & Sens (Address) Justustium Md	24. Was disease or injury in any way related to occupation of deceased?
20140 0 1000 p	(Signed)

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Example I	Example II	S Religion
The principal cause of death and related Date of onset causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis 20 1921	Run over by street ear	1 week ago
Cerebral hemorrhage July 5, 1922	? Peritonitis	3 days ago
Other contributory causes of importance: Gallstones May 1, 1923	Other contributory causes of importance: **Gastroenteritis**	1 year
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H	nou	0	
ite	S	of	
LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf	ald be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	/
KI	IX	st	
00	PH	act	
KE		EX	
	Y	T	
EN	L	ed.	
AN	C	Siff	
ZM.	VA	las	
E	E	y	te.
1	pa	erl	fica
S	tat	rop	rti
52	30	d	ce
HI	pe	be	0
I	plu	nay	ack
K	sho	it n	q u
	M	at i	0 9
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Υ,	car	H	orta
Z) e	AT	ery important. See instructions on back of certificate.
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CAUSE O

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WRITE.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ___mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred Harraretha Lerch 12 Gwynndale Ave. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) l'onale Tite Dingit (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oct. 1. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to heve occurred on the date stated above, at 10 50 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, Secretary SAWYER, BDOKKEEPER, etc. OCCUPATION 9 Industry or business in which work was done, as SILK MILL, Peabody SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years)
spent in this this occupation (month and Dther Coatributory Causes of Importance 12. BIRTHPLACE (city or town). (State or country) Lerch FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following Balto. 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?______ Date of Injury_____ 19 (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address) & fin lilluaic 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER JYCVIA (Address) If so, specify (Address) Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory gauges of importance.	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		¢ —	

ARGIN	UNFAD
•	WITH
•	PLAINLY, WITH
V. S. No. 1	N. BWRITE

1	STA	ATE C	F MAR	YLAND-	CERTIFICATE	OF DEATH	16562
1.	PLACE OF DEATH				92)		10000
	County 03 a	ar	nue	1		Registration Dist. No.	37
	Village or City Z	y a	3 W	20	No		St., Ward
1	Length of residence in city o	r town whose d	anth converse	(1	f death occurred in a hospital or inst		street and number)
			& /	4:4	How long in U.S.	il of foreign birth?yrs.	ds.
2.	FULL NAME	ven	ne	Juli	effelg		
	(a) Residence: No.		Wasal piage	of abode	Sty / Ward.	If nonresident give city of	r town and State
	PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DI	
3. SE	i. collon o	RRACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	MILL	2 2
	rale Whit	1	Si	nyli		(Month) (Jay)	ر کر (Year)
5a. I	f married, widowed, or divorced HUSBAND of	Sa	mule.		22. 1 HEREB	Y CERTIFY, That I	
	(or) WIFE of			105	Jer 18	1931 to nor	7 19 3 3
6. D/	ATE OF BIRTH (month, dey, an	d year)	Jeb 2	8 1828	l lest saw h. A. alive on_	nor 16	_, 1933; death is said
7. AC	E Years	Months	Days	if LESS than	to have occurred on the date st	ated above, at	
	1051	8	20	1 day,hrs.	The PRINCIPAL CAUSE OF DE were as follows:	ATH and related causes of import	
LION	8. Trade, profession, or partice kind of work done, es S SAWYER, BOOKKEEPER,	PINNER,	RAM	Man		1	Date of onset
A	9. Industry or business in whi	ch			Senia		
OCCUPA	work was done, es SILK SAW MILL, BANK, etc	MILL,			- como) cours	- 2 yr
8	Q. Pate deceased last worked this occupetion (month a	at nd	11. Total ti	me (years)			
	year)	^ 4	0000	pation	Other Coutributory Causes of im	portance:	
12. B	IRTHPLACE (city or town) (State or country)	(-1-01)	11511	1111			
œ	13. NAME	1000	1	0000			
= -		Ила	Barana		10	one	
F 1	4. BIRTHPLACE (city or town). (State or country)		700000	-7	traine or operation		Date of
7 I	5. MAIDEN NAME	und	non	~		Wes	
0 1	6. BIRTHPLACE (city or town).	Visa	bruvu	3		auses (VIOLENCE) fill In also the	
Σ	(State or country)		***************************************		Where did injury occur?		19, 19
17. IN	FORMANT alus	Hou	ne Re	circl		(Specify city or town, count in INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE.
(Address) Jexas mel							
18. B	URIAL, CREMATION, OR REMO	VAL Cember	Date Mu	1/8 19 3 2	Manner ol injury	wie	
	riace	0	Date	1 9 3	Nature of Injury		
19. U	NDERTAKER (Address)	- 32	como	Tada de	8	way related to occupetion of deci	eased?
	u with	2 00.00	1 A	1.0	if so, specify	R Benn	
20. FI	LED MOUS 11. 193	2 Will	my for	Registrar.	(Signed)	1 color	to made
		If more b	lanks are needed, a	W. 1	2411 N. Charles Street, Baltimore, 1	Requesting V. S. M.	1114

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ORD. Every item of PHYSICIANS should I. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

1	1 .	h	6	4
1	V		2	-9

	CERTIFICAT	TE OF DEATH
	1. PLACE OF DEATH CITY OF BALTIMORE: (No. / 2 Kinship	Registered No. 4 ((If death occurred in a hospital or institution, give its NAME instead of street and number.)
	2. FULL NAME (a) Residence: No. 12 (Usual place of abode)	Hosds. How long in U. S. If of foreign birth?yrsmosds.
d)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
k of certificat	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (month, day, year) 7 , 1933 22. I HEREBY CERTIFY, That I attended deceased from 7 , 1933 I last saw h. a. alive on 7 , 1933 Death is said
ns on bac	6. DATE OF BIRTH (month, day, year) The 5, 1847 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3:10 Pm. The principal cause of death and related causes of importance were as follows: Date of onset
ee instruction	8. Trade, profession, or particular kind of work done, as spinner, at sawyer, bookkeeper, etc. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
portant.	12. BIRTHPLACE (city or town)	Chroni Browhits 1-12-3
s very im	13. NAME 14. BIRTHPLACE (city or town). The buffer of the city of town). The buffer of the city of town of the city of the ci	What test confirmed diagnosis? Whowas there an autopsy? Whowas there are autopsy? Whowas there are autopsy? Who was the death was due to external causes (violence) fill in also the following: Cident, suicide, or homicide? Date of injury 19
ATION :	15. MAIDEN NAME EL CALTURA (State or country) 17. INFORMANT WAS A. A. Floyd	Where did injury occur?
OCCUP	18. BURIAL CREMATION OR REMOVED Date Nov 10, 1933	Manner of injury. Nature of injury.
5.3	19. UNDERTAKER John A. Thomas (Address) ROOD E. Calle H.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
> [20. FILED 119 3 19 19 Mill Williams	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10030
county Baltimore Co	Registration Dist. No. 38
Village or City Towson	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Carrye Havis Lyons	
(a) Residence: No. 16 W. Joffa Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX female 4. COLOR OR RACE formule 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH Nov. 30 %, 193 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of - John Lyons	22. I HEREBY CERTIFY That I attended deceased from Sept 182 1931 to Nov. 30 5 19 35
6. DATE OF BIRTH (month, day, and year) Feb. 2. 1979	I last saw h _ alive on nov 3 o 5 1933; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at . 7,
34 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SP/NNER, SAWYER, BOOKKEPER, etc.	Carried
No. Trade, profession, or particular, with of work done, as SPANNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oato deceesed last worked et this occupation (month and spent le this occupation (month and spent le this occupation (month and spent le this occupation).	breato
SAW MILL, BANK, etc	
10. Oato deceesed last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Fredericksburg	Other Coutributory Causes of importance:
(State or country) Vorgenia	
13. NAME Joshua W Harrie	A-,
13. NAME Joshua W Marrie 14. BIRTHPLACE (city or town) Linguina	Name of operation Date of 12 4100 ag
(State or country)	What test confirmed diagnosis? Mccosepses Was there en eulopsy?
15. MAIDEN NAME Margaret & - Sukerown	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT John Lyons Brace Town	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL	Manner of Injury
Place Date Date 1953	Nature of injury
19. UNDERTAKER & Stay Buse Sour	24. Wes disease or injury in any wey related to occupation of deceased? No
(Addiso Joresus	If so, specify
20. FILEO 1934 Nm. O Dutley Registrar.	(Signed) Atmille (further m. D. (Address) Control M.D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Son Bar		DD CTATEMENTS DV DUVSICIAN	

County Ballmole	alabet	Registration Dist. No.	0
Village or City/Ld Mise/p	eckeine puson	St., f death occurred in a hospital or institution, give its NAME instead of street and nu	Wamber)
Length of residence in city or town where		sds. How long in U.S. if of foreign birth?yrsmos	
2 FULL NAME Floren	gel mack		
(a) Residence: No. 22 C	(Usyal place of abode)	E.St., Ward. If nonresident give city or town and S	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIOOWED.	21. DATE OF DEATH	
JP 6	OR DtVORCED (write the word)	(Month) (Oay)	199 3 (Year
5a. If married, widowed, or divorced HUSBANO of	D 1		
(or) WIFE of	Mack	22. I HEREBY CERTIFY. That I attended do	ceased
6. DATE OF BIRTH (month, day, and year)	883, Jan. 17	I last saw h alive on Ture 25 19 00.	death is
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at//. 8 0m.	
20 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pomrstic	Clemic Deterated Wy lists	Oate of o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
D.A. 11	21.892110	Other Coutributory Causes of Importance:	
(State or country)	1 mal		
II 13. NAME PEORGE	Smarto		
14. BIRTHPLACE (city or town)	0 /	Name of operation Date of	
(State of Country)	0 191	What test confirmed diagnosis? Mulling Was there an au	opsy?
# 15. MAIOEN NAME Ploren	& marts	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Jan	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	1 - 20 2 117/2	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT 122 & Chr.	speake are	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CRÉMATION, OR REMOVAL	- Mai A C 22	Manner of Injury	
Place Cosava Mes	Oate 12 00 3 3	Nature of injury	
19. UNDERTAKER 10 4 Wort Ma (Address) 2 15 MC Eccle	nne Wight	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
The second secon	11 14 2 101	1 1 1 1 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		y	

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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-	M	mat
0	8.	-
ė		(
>	Z	1

121	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state	1. PLACE OF DEATH	10057
n of i	County Balto	Registration Dist. No.
hou	Village or City Restless town 2-9	No. St., Ward
S S S	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
en	0// 0 -10/.00	ds. How long in U.S. if of foreign birth?yrsmosds.
Ev CI /	2. FULL NAME Mayles allowed Marsh	est!
RD. YSI stal	(a) Residence: No. 1 Custosta Tung	St, Ward. If nonresident give city or town and State
RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC. PH.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY.	Pust Villed OR DIVORCED (write the word)	(Month) (Pays 3, 193 (Year)
Tr	5a. If married, widowed, or divorced HU3BAND of	
RMANEI X A C T classified	(as) WIFE of Cora Sitella World	22. I HEREBY CERTIFY. That I attended deceased from
Cla	all the 1079	i last saw harmalive on 200 Z Z J J J J J death is said
PE II E	6. DATE OF BIRTH (month, day, and year) W 18 7. AGE Years niths Days If LESS than	to have occurred on the date stated above, at
IS A Pl stated l properly certificat	La Maria de la lay lay	The PRINCIPAL CAUSE OF DEATH and related causes of importance
st: pr pr	Z S Tude, profession, or particular kind of work done as SINNER,	were as ollows:
HIS be be of	SAWYER, BOOKKEEPER, etc.	1/2/3
ould may back	kind of work done, as JINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	7-3
VK—'shoul it ma	SAW MILL, BANK, etc	
e it	10. Date deceased last worked at this occupation (month and year) spant in this 3 year) occupation.	
NFADING pplied. AGI srms, so that instructions	BJ0+ 0.	Other Coutributary Causes of importance:
d.	12. BIRTHPLACE (city or town) - VIOLUTE (State or country)	History vg Heart
UNFA ipplied terms, instr	W 13. NAME / Hugh Marchall	
D = 4	13. NAME / Hugh Marshall 14. BIRTHPLACE City or town) Balto, Co.	Name of operation. Lac Date of
ly su lain	(State of country)	What test confirmed diagnosis? Was there an autopsy?
WIN full n pl	15. MAIDEN NAME 24 DECONORS	23. If death was due to external causes (VIOLENCE) fill In also the following:
Y, are H i	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury
NE AT AT	(State or country)	Where did Injury occur? (Specify city or town, county and State)
Id le lo	17. INFORMANT Marion Marshall	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF I	(Address) 18. BURIAL, GREMATION, OR REMOVAL	oleo
	Place Loudey Past Date Del 27/1933	Manner of injury
-WRIT mation CAUSI TION	(P) () () ()	Matthe of Injuly
WRI matio	19. UNDERTAKEN S. HONOGONES (Address) 3.539 Falls	24. Was disease of injury in any way leaded to occupation of deceased?
B. C.	- The state of the	(Signed) I. J. Angels Well Star W. M. D.
z	20. FILED 7000 30, 1935 27 11586 de /	(Address) (It II) I and I am III
		2411 N. Charles Street, Baltimore. Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKAU T B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 10898
1. PLACE OF DEATH	(82-00)
county Ballinore	Registration Dist. No.
Village or City Bearlle Suille	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
7/1 0 m2 41	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Westly Marine	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
male while married	(Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of Married August 1997	22. I HEREBY CERTIFY, That I attended deceased from
(or) WHE of Mary Marken	Nov. 11. 1933, to Nov. 24-1933
6. DATE OF BIRTH (month, day, and year) Qug /-/808	I last saw h. him alive on Nov. 2.4 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3,3060 m.
75- 3 23 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	- Of
SAWYER, BOOKKEEPER, etc.	Jan by workers.
work was done, es SILK MILL, awn farm SAW MILL, BANK, etc.	Enlise delisione Dyap.
10. Date deceased last worked et this occupation (month and the this occupation (month and the this occupation this occupation this occupation this occupation this occupation this occupation the thing occupation the thi	
year) spent in this occupation (month and Od 1/953 spent in this occupation	Differ Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Onebal Harry 14 das
(State or country)	1
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Trang Tracey 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
man Man King (3	(Specify city or town, county and State)
17. INFORMANT AND THOUGHT AND MILES	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place Gressel Church Date 1 19.33	Nature of injury
19. UNDERTAKER Edw & Tipton	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hampstead med	if so, specify
20, FILED NOV. 25 19,33/ C. & Fromth M. D.	(Signed) Engal M. Bresh M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V B	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	AN
--	------------	-------	-----	---------	------------	----	----------	----

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD UNFADING INK--THIS IS A PERMANI BINDIN FOR MARGIN RESERVED WRITE

V. S. No. 1

		PLACE OF DEATH
		County VIIIIII
	Vi	lago or cil Middle Ricon
210		On: 1
3		2FULL NAME Of Clitable Of
1100		PERSONAL AND STATISTICAL PARTICULARS
	3 :	MARRIED WIDOWED.
Dac	_	(Write the word)
5	6	
0		
0110	7	
ň	1	
Village or City Meddle Notice 2FULL NAME PULLED PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED MARRIED WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED		
00	(a) Trade, profession or R. A
	T	articular kind of work
all	b	usiness, or establishment in
5	_	-
		(State or country) Neg
600		10 NAME OF
0	S	
5	Z	
	1	
		OF MOTHER (State or Country)
Villa 3 S S S S S S S S S S S S S S S S S S	V	
		1/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
)	15	Filed 11/27 1983 flows bornelly 2
9	-	

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration I	Dist. No.
nassey	Ward)	(If death occurred is a hospital or institu- tion, give its NAME is stead of street and number.)
MEDICAL CE	RTIFICATE C	F DEATH
16 DATE OF DEATH	(Va-4)	6 , 19255 (Day) 9 33 (Year)
17 I HEREBY CERTI	FY, That I atte	anded the deceased from
and that death occurred on t		26 , 1933 above, 3 P - m
The CAUSE OF DEATH * was	as follows:	1
certh pless		-
Contributory Secondary	(Durstion)	yrs mos de
(Signed)	3/10	Cook M. D.
*State the l'is ase (Violent Causes, state (1) Accidental, Suicidal or Homic	Susing Death, Means of Ini	or, In deaths from ury and (2) Whether
18 LENGTH OF RESIDENC		als, Institutions, Trans
At place of death	ds. In the State	yrsds
if not at place of dea.h?	***************************************	
usus residence		DATE OF DUDIN
Jak Kawn	-	11/28/, 1930
20 UNDERTAKER	101	ADDRESS

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of For many occupations a single word or term on Farm laborer, Compositor, Architect, Locomotive engineer, eer, Stationary fireman, etc. But in many For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee of Nomenclature of the American Medical Association.)
>
> If this certificate is looked over thoroughly and all questions answered in depail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied. as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL pertionitis, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-Chronic valvular heart disease; " "Coma, etc. The " "Convulsions, contributory

RGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N. B.-WRITE PLAINLY, WITH

V. S. No. 1

1.	PLACE OF DEATH		
	County		Registration Dist No.
	Village or City /LOY/M Communication	(If c	No. Coyle Trans. (Ward Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred yrs,	mos	ds. How long in U.S. if of foreign birth?yrsmos,ds
2.	. FULL NAME Tell bone enfo	ent	(Minnesc)
	(a) Residence: No.		St., Ward.
	(Usual place of abode)		If nonresident give city or town and State
2 6	PERSONAL AND STATISTICAL PARTICULAR		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. §	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR D) VORCED (write the		21. DATE OF DEATH // OV. 475 . 193 3
50	If married, widowed, or divorced		(Month) (Day) (Year)
Ja.	HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended deceased from
6. D	DATE OF BIRTH (month, day, and year) Nov. 4 19	33	I last sew h alive on; death is sai
7. A	AGE Years Months Days KLES	S than	to have occurred on the date stated above, atm.
	l day, or	min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		still born intant
OCCUPATION	Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.		(3 mo)
000	Date deceased last worked at this occupation (month end year)		
	north Comi		Other Contributory Causes of importance:
14.	(State or country)	*	Trematur tooth
ER	13. NAME Marles M Minnick		
FATHER	14. BIRTHPLACE (city or town)		Name of operation Date of
	(State or country)	/	What test confirmed diagnosis? Was there an aulopsy?
MOTHER	15. MAIDEN NAME / Lovervee M / Over	Ey	23. If death was due to external causes (VIOL ENCE) fill in also the following:
TO	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
Σ	(Stete or country)	-	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT Florence M. Homes	<u></u>	Specify whether injury eccurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION OF REMOVAL Place Place Place Date Date	10	Manner of injury
	Mart El-	. 10	Nature of Injury
19.	UNDERTAKER UM OUT AU (Address)		24. Was disease or injury in any way related to occupation of deceased?
	novs - 22 Williams	cico	(Signed) (Signed) M. (M. M.
20.	FILED 19.37	gistrar.	(Address) Downstowl

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING	
KGIN I	

1. PLACE OF DEATH	(64)
County Daltimore	Registration Dist. No. 4
Village or City fridgewood,	No. St. Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?mos
2. FULL NAME Delen Ester My	utchell
(a) Residence: No. St. Charles M.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Semale White Marrie the word)	Movember 12, 193. 3 (Month) (Dey) (Year)
Se. If married, widowed, or divorced HUSBARO OF (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
7 19 18 97	19, to
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Days if LESS han	I last sew h alive on; death is to heve occurred on the dete stated above, et
2 / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Machania leon
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	1 dae
SAW MILL, BANK, etc	(Das)
this occupation (month end /////33 spent in this year)	
there ares-	Other Contributary Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Robert Stahl	
13. NAME Robert Stank 14. BIRTHPLACE (city or town) Banance (State or country)	Name of operation Date of
(Stete of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Bertha House	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Than over	Accident, sulcide, or homicide? Music Adate of Injury 11/12, 19.
∑ (State or country)	Where did injury occur?
17. INFORMANT MAN. (Address)	Specify whether Injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA 20 11/15/35	Menner of Injury
Jellyman Jate 153	Neture of injury
19. UNDERTAKER 15 Ht Allswerth (Address) 11 H. Freething	24. Was disease or injury in any wey related to occupetion of deceased?
20. FILED 100 12, 138 Ge SM fielder.	(Signed) John Jarrell J. Laro
Uni	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic intereditial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorringe	July 5,1927	Peritonitis	3 days ago
E TO THE STATE OF			
Other contributory causes of importance: /		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AN
d

V. S. No. 1 N. B.—WRITE PLANLY, WITH WIFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

STATE	F MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		23)	1902
County Bultin	015	Registration Dist. No. 92	<i>!</i>
Village or City Cato	nsville	No. Skall Two Was Skall f death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or town where o	feath occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME So ha	mullhan	esen.	
(a) Residence: No. Feel	Parton &	St. Ward.	
(u) Rosidonos. Ro.	(Usual place of abode)	If nonresident give city or town and St	ale
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	93. <u>3</u> (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	nun	22. I HEREBY CERTIFY, That I ettended de	ceased from
	001 114 1884	I last saw halive on, 19,	death is said
5. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days If LESS than	to have occurred on the date steted above, et 8 3 4 m.	
440	1 day,hrs.		
27	2 g ormin.	were as follows:	Date of onsst
8. Trade, profession, or particular kind of work done, es SPINNER,	sheeter for		
kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc 9.) ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	beer works	Pelas Tuber la	3m
work was done, as SILK MILL, SAW MILL, BANK, etc.	opper works	freem. I week true das	2714
10. Date deceased last worked at	11. Total time (yeers) spent in this		
this occupation (month end year) 193	2 occupation Syps.		
12. BIRTHPLACE (city or town) Bace	foreigh	Other Coutributory Causes of Importance:	
(State or country)	nd	Involutional Neclarks &	12/
13, NAME John Much	Chansen		
13. NAME John Mul	214: 01	Name of operation Date of	
(State or country)	mar d	What test confirmed diagnosis? Was there an au'	
	2 -1 11-10		орзу!
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	seen monaces	23. If death was due to external causes (VIOLENCE) fill in elso the following:	10
16. BIRTHPLACE (city or town)	thurst	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	na	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MAN MULA (Address) Zullen	on end	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε.
18. BURIAL, CREMATION, OR REMOVAL	N10. 14 00	Manner of Injury	
Place Julian Solly	Date 9000, 13, , 1933	Nature of injury.	
19. UNDERTAKER & LONGY STURY (Address) 1258 MOUTH)	lev, Inc.	24. Was disease or injury in any wey related to occupation of deceased?	0

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

80

PLACE OF DEATH	STATE OF MARYLAND
Belling	CERTIFICATE OF DEATH
Village or City Relay, Ind (No. Relay)	Registration Dist. No. 42 1. Maryland St.; Ward) (If death occurred is a hospital or institu-
2 FULL NAME William Marin	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 2000 Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH 22 32 1975	that I last saw home, alive on Janualus 17. 1923.
7 AGE (Month) (Day) (Year) 7	and that death occurred on the date stated above, at
56 yrs. mos. ds. or min. ?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	• •
(b) General nature of industry business, or establishment in which employed or (employer). Business.	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Clark Country, Boya, Tra.	Contributory Secondary This Dyrs. mos. de
10 NAME OF FATHER Thomas In. Julian	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Clark County, Dr.	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
of MOTHER Susan N. Athinan	Accidental, Sulcidal or Homicidal 300 K 31 M Belton, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Balting, Ind.	At place of death yrs mos. da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mss. Nelson	Former or usual residence.
(Address) 300 6 31 at St.	19 October 19 10 BATE OF BURIAL
Filed Nov. 19 19233 Sle Mykefge Registral	Heurs Menlei & ho Colol & Colol &
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsaits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) cases, specially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect. Locomotive engineer. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in Comestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer (a) Foreman, (b) Automobile factory. whatever, write None. tired 6 yers.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re-Housemuid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease caused description with respect to time and consation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

conditions, such as "Asthenia," use of "Thmor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caucer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory and qualify as accidental, suicidal, of homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemor-(secondary or intercurrent) affection need ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental differing; Struck by railway as probably such, if impossible to determine definitely taken. State cause "Puerperal septieaemia,""Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease vulsions," Whooping cough; Nomenclature of the American Medical Association.) -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or for which surgical operation was under-Chronic valvular heart disease; (Recommendations on state-Example: Measles "Anacmia" Always qualify all (disease terminal (merely uot be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.

V. S. No. 1

1. PLACE OF DEAT		H MARY	LAND—	CERTIFICATE OF DEATH	1904
County Baltin	nore			Registration Dist. No. 32	
Village or City Mt. Wilson				No.Tuberculosis Sanatorium st	Ward
		() 9 (1	death eccurred in a hospital or institution, give its NAME instead of street and los. How long in U.S. if of foreign birth?	number)
		s W. L.		now long in 0.3. If of foreign birth!yrsm	10\$ds.
2. FULL NAME		ore Aver		Dundalle Ma	
(a) Residence: No	Darein	(Usual place of		St., Ward. Dundalk, Md. If nonresident give city or town and	State
PERSONAL AND	STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR WY	or race lite	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH November 8th,	, 193 3 . (Yeer)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of Mal	ed Cy E. N	ickles		22. HEREBY CERTIFY, That attended January 28th, 19 33 to November	deceased from
6. DATE OF BIRTH (month, day, a	and year) Ap	ril 2nd.	1898	Hast saw him alive on November 8th 1933	
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date steted above, et 9.15 Pem.	
35	7	6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or part kind of work done, as SAWYER, BOOKKEEPE	SPINNER, MR. etc.	achinist	;	Pulmonary tuberculosis	Oct.
SAWYER, BOOKKEEPE SINDUSTRIBUTION SAWYER, BOOKKEEPE Work was done, as SIL SAW MILL, BANK, etc O 10. Date deceased last worke	which	achine s			1928
10. Date deceased last worke this occupation (month year)	d at 192	9 11. Total tim spent occup	ie (yeers) in this 2 yrs		-
12. BIRTIIPLACE (city or town)	Baltim		-	Other Contributory Causes of importence:	1.591
(State or country)	Maryla			Spontaneous pneumothorax	Jan.
13. NAME James	Nickle			with empyema.	1933
13. NAME James 14. BIRTHPLACE (city or town		imore		Name of operation No operation Date of	
(State or country)		land		What test confirmed diegnosis? X-ray, and Was there an	autopsy? NO
	Dol +	Shenton imore		23. Il death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town	Mary			Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Kouis	Reselving	cerholy.		Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REA		Date Nov	1/ 19 83	Manner of injury	
Take	177	. 611.11	1	- Indiana in the second of the	Vo .
19. UNDERTAKER / 3 / 8	Per	is It	-010	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 2009 , 190	33	more	Mes	(Signed) John M. Smith	
			Registrar.	(Address) Mt. Wilson, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		12/02/21	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	.1		

item of infor-	should state	of OCCUPA-	/
-WRITE PLANKLY, WITH WAFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLX. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
ERMANENT	EXACTL	classified.	å
S IS A PI	stated]	properly	certificat
IIIS	be	pe	of
NG INK-TI	AGE should	that it may	ions on back
HANKADI	y supplied.	ain terms, so	See instruct
VIT	fulls	ı pla	ıt.
TE PLANKY, V	should be caref	S OF DEATH in	TION is very important. See instructions on back of certificate.
-WRIT	mation	CAUSE	TION

STATE OF MARYLAND—CERTIFICATE OF DEATH

16965

1. PLACE OF D	EATH			942	
County	Baltimore)		Registration Dist. No. 4	-/
	Patapsco N		5 yrs 2 mos	No. Lynch Ave. & Wise Ave St., f death occurred in a horpital or institution, give its NAME instead of street at 23 ds. How long in U.S. if of foreign birth?	nd number)
2. FULL NAME					
	o. Lynch &		ves	St., Ward. If nonresident give city or town	and State
PERSONAL	AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	{
female	white		RIED, WIDOWED, D (write the word) IEQ	21. DATE OF DEATH NOV 5/1933 (Month) (Day)	, 193 (Year)
a. If married, widowed, or HUSBAND of (or) WIFE of	John D. (Dell		22. HEREBY CERTIFY, That I attend	
DATE OF BIRTH (month). AGE Years	Months	Days	If LESS than 1 day,hrs.	I last saw h 2 alive on 200 5 ,19.3 to have occurred on the date stated above, at 9.15 /m.	3.; death is said
8. Trade, profession, kind of work d SAWYER, BDDI	one, as SPINNER, (KEEPER, etc]	23 retired	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
work was done SAW MILL, BA D. Date deceased last this occupation year)	, as SILK MILL, NK, etc worked at	spei	ime (years) ntin this	-	
2. BIRTHPLACE (city or to (State or country)	Baltim		•	Dther Contributory Causes of impostance: - General arterio	P
13. NAME	Seth Ho	lbrook		The state of the s	
14. BIRTHPLACE (city (State or count	,	rmont		Name of operation	7
15. MAIDEN NAME 16. BIRTHPLACE (city (State or count	Louisa (or town) Ba			23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur?	ving:
(Address)	orge E.O!	Dell oad To	wson	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
8. BURIAL, CREMATION,	papect Cem	otery.	Towson	Manner of injury	
9. UNDERTAKER 1901	Eutaw Pl	lchelf ace Ba	Sons Ito.Md.	24. Was disease or injury in any way related to occupation of deceased?. If so, specify	
O. FILED Play 3	319 //	ula	eman e	(Signed) (Address) Jawana M	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balaimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A ST. AND	Example II		
The principal cause of death and related causes of importance were as follows:	Date ot onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	Y			
other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		4		

ADDITIONAL	SPACE I	FOR F	CURTHER	STATEMENTS	BY	PHYSICIAN	

ARGIN RESERVED FOR BINDING

V. S. No. 1

for- tate PA-		CERTIFICATE OF DEATH
in self	1. PLACE OF DEATH	82-2
ould OCC	County O Sellmin	Registration Dist. No.
she of	Village or City (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS NS		ds. How long in U.S. if of foreign birth?mosds.
RD. Every	2. FULL NAME Mary Ellen ()	neill
SIC.	(a) Residence: No. Junious M	Lest., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC. Exact	PERSONAL AND STATISTICAL PARTICULARS 3,5EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
TY .	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month (Month) (Day) (Yeer)
S LE C	Ma. If married, widowed, or divorced HU3BAND of	
MANEN ACTI assified	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
GXE.	6. DATE OF BIRTH (month, day, and year)	I last sew h & elive on Nov 8 19 33; death is seid
erly icat	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et. 12.3m.
IS A PE stated E properly certificate	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
ro.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of onset
f HIS		Serval Varalysis 1 da
K-T hould may back	9. Industry or business In which work was done, as SILK MILL, or SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the property of the second in the sec	Harris And
Sh sh u	10. Date deceased last worked at this occupation (month and part in this spant in this	1 Caronina de man i via
	year) occupation 7.0	Other Contributory Causes of Importance:
Se 1	12. BIRTHPLACE (city or town)	
NFADING pplied. AGI srms, so tha instructions	(State or country)	
- D. W	13. NAME John O (1) Well 14. BIRTHPLACE (orly or town)	24.34.9
H U	14. BIRTHPLACE (city or town)	Name of operation Date of
		What test confirmed diagnosis? Was there an eulopsy? 23. If death was due to external ceuses (VIDL ENCE) fill in also the following:
0 ·= 4	15. MAIDEN NAME Eller () Well 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
VLY, e car ATH iport	Stete or country)	Where did injury occur?
	17. INFORMANT Sallie Co-Neill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Junumum	
E 60 .5	18-BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE mation s CAUSE TION is	Market of the state of the stat	Nature of injury
-W CA TI	19. UNDERTAKER 19. 14. M. Hillstall H. C. Address) Sallarmounds & 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Mas disease or Injury in any way related to occupation of deceased?
m(1)	20. FILED NOT 1933 15/ Gutte	(Signed) (13 03 03 euro M.D.
Z	Registrar.	(Address) welkeysull md
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Ng. 1.

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La superior de la constante de	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

FOR

RESERVED

AGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

		MEDICAL	CERTIFICATE	OF	DEATH
16	DATE C	OF DEATH \			

	(Month)		
17 I HEREBY CERTIFY 193 that I last saw homealive	That latt	tended the d	ecensed fro
that I last saw home alive	on nor	176	193,
and that death occurred on th	ne date states	d above, at'.	7.13
The CAUSE OF DEATH & was	ecleyr	rolon	ə

			~	(Durati	on)	yrs		8
Co	ntribute	ory C	rely	Sis F June Durati Of R	2 cle	100	e.	
my	Seconda	-	ede.	me	uff	e	ceus	7
244	pen	Les	Chee	(Durati	on)	yrs.	01. P. mi	8
(Signed	1)	de	nel	- OJR	1.24	10.	Lew	M.
no	118	ر 19	\$3. (A.	ddress)	Ion	st	2 4	na
				Causing				

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidai or Homicidal.

18 LENGTH OF RESIDENCE	For Hospitals, Institutions, Trans-
lents, or Recent Residents)	
At place	In the

of death yrs mos,da.	State,yrsmos
Where was disease contracted,	

if not at place of death?.....

Former or usual residence

10 PLACE OF BUR	LL OK REYOVAL	TAFE OF
Lan Doch	- 1/- 1/	MAI
willed	MUS	1.00.5
20 UNDERTAKEE	7 11	ADDRESS

rishalf 3539 tall

BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto,, Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laho:er," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tirca 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, :(b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (hever report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." ment of eause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and couse Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, of diseases resulting from childbirth or miscarriage as "Puerperal septicaemic," "Puerperal peritonitis," etc. rhage," "Inanition" "Marusmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumer" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unquallfied, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under can be ascertained as the cause. "Uraemia," "Weaknes ." etc., when a definite disease vulsions," "Debility" ("Congenital," "Scnile," etc.), (secondary or intercurrent) affection need not be Chronic interstitic nephritis, (name origin; "Cancer" Is less definite; avoid Whooping cough; Chronic valvular heart discase; (Recommendations on state-Example: Mcaslcs (discase etc. Always qualify all The contributory (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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See instructions on back of certificate.

TION is very important.

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County/ Saffringer	Registration Dist. No. 42
Village or City Relay (If	No. ///Aux CW G - St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred	
2. FULL NAME ///ary addlacac	Orem
(a) Residence: No. / Lelay	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
eural White OR DIVORCED (write the word)	Mr. 19 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Daniel S. Orem	22. I HEREBY CERTIFY, That I attended deceased from 1930, to Nov 19 1933
6. DATE OF BIRTH (month, day, and year) Let. 19. 1882	1 last saw h_lr alive on nor 19, 1983; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at 12.30 fb.m.
Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Grade Card
9. Industry or business in which	Jodneway renal Clarage
work was dona, as SILK MILL, SAW MILL, BANK, etc	Jakensen Juna Wisland
O 10. Date deceased last worked at this occupation (month and 133 spant in this occupation)	
12. BIRTHPLACE (city or town) Koward Co	Other Contributory Causes of importance:
(State or country) Many land	Chebrande morchage 1982
13. NAME Survel R. Burges	
13. NAME Laurel R. Burges 14. BIRTHPLACE (city or town) - Tyg.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sarah C. Aurrison 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
(Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Muss Catherine Oresses	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cally Mad. 18. BURIAL, CREMATION, OR REMOVAL	
Place III Alexandre Date Mov. 221933	Manner of injury
19. UNDERTAKER & aston Sous	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Ellicat City	If so, specify
20. FILED/W 1 , 1933 9 mker of	(Signed) Ulpha n Hulli M.D.
Regional	(Address) Ellcon City m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V.S	1		
Other contributory causes of importance:	i i	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

See instructions on back of certificate.

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	STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	119
1. PLACE OF DEATH				(94-8)	
County	Baltimore			Registration Dist. No. 3	•
Village or C	ity Towson			NoSt.,	Ward
Length of resi	dence in city or town where d	leath occurred 3		f death occurred in a horpital or institution, give its NAME instead of street and s. How long In U.S. if of foreign birth?	
2. FULL NA	MF Isabelle	e T. Per			
	ce: No. 504 High	hland Av	enue, To	owsgn Ward.	
		(Usual place of	abode)	If nonresident give city or town and	State
	AL AND STATISTI	1		MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH Liouenther 28	. 1933
Female	White	Single		(Month) (Day)	(Year)
5a. If married, widow HU3BANO of (or) WIFE of	ea, or divorced			22. I HEREBY CERTIFY, That I attended	deceesed from
	/	Vend	V191.6	Class 14 , 1933, 10 class 28	, 1923
6. DATE OF BIRTH ((month, day, and year)	Days	If LESS than	I last saw help alive on 1923 to have occurred on the date stated above, et 97 m.	_; death is said
1. AGE	70	Rangem	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	4
_ 8. Trede, profes	ssion, or particular	ANI OFFICE -	ormin.	were as follows:	Oata of onset
SAWYER,	vork done, as SPINNER, BOOKKEEPER, etc.	None		Caronary acelusian	11/28/23
kind of w SAWYER, Industry or work was SAW MIL	business in which s done, as SILK MILL, .L, BANK, etc			J	
	ed last worked at pation (month and	11. Total tim	e (years) in this ation		
12. BIRTHPLACE (cit (State or cour	ty of town)	ott City and		Other Coutributory Causes of importance:	-
13. NAME J	ames Perkin	S		d Insperteusian	Mut
13. NAME J 14. BIRTHPLACE (State or		achusett	G	Name of operation	
(State of			5	What test confirmed diagnosis? Was there an	
	Mot	obtainah	1e	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Not obtainable (State or country)				Accident, suicide, or homicide? Oate of Injury Where did injury occur?	, 19
17. INFORMANT Miss Blanche I. Perkins (Address) 504 Highland Avenue			ins	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery 12/1 1933			′1 _{,19} 33	Manner of injury	
19. UNOERTAKER (Address)	Centry Un	Meaks a		24. Wes disease or Injury In eny wey related to occupation of deceased?	13
20, FILEO NOV-30, 1993 W. P. Buston			ecter	(Signed) John A. Grellu A	M. D.

& Registrar.

(Address) Jawsay

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

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ST	ATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	16910	
1. PLACE OF DEAT	H				10010	
County_Baltim	ore			Registration Dist. No	43	
Village or City Ra				No. Westwood Ave.		
			The state of the s	f death occurred in a horpital or institution, give its NAME instead of str.	eet and number)	
2. FULL NAME La						
(a) Residence: No.				St., Ward.		
		(Usual place	of abode)	If nonresident give city or to		
PERSONAL AND				MEDICAL CERTIFICATE OF DEA	ATH	
3. SEX 4. COLOR	OR RACE		RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH	102 %	
Female Whit		Marri	ed	NOV (Month) (Day)	(Year)	
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of John		Rappold		22. I HEREBY CERTIFY, That I a		
6. DATE OF BIRTH (month, day,				I last saw hew alive on har 7		
7. AGE Years 9	Months 5	26 Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, a 6 • 25 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of important	ice	
	ticular		ormin.	were as follows:	Date of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOME 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this				atonoschusia	Syn.	
SAW MILL, BANK, etc. 10. Date deceased last work this occupation (mont year)	ed at	11. Total i	time (years) ntin this			
12. BIRTHPLACE (city or town)	Baltime	re Co	•	Dther Contributory Causes of importance:	- 2days	
TOUIS	Bēck					
13. NAME LOUIS 14. BIRTHPLACE (city or tow (State or country)		nown		0/	hate of here an autopsy? 14	
エ 15. MAIDEN NAME	Unknown	1		23. If death was due to external causes VIOLENCE) fill of also the		
15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country)	n) Unkr	nown		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19	
17. INFORMANT Augus (Address) 1015		Rappol		(Specify city or town, county Specify whether injury eccurred in INDUSTRY, in HOME, or in PUI	and State) BLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL				Manner of injury		
Place Baltimore Cem Date Nov. 11.19 33				Nature of injury		
19. UNDERTAKER Fredh Lassah + Son (Address) 7401 Belair Rd.				24. Was disease or injury in any way related to occupation of decea	sed? No	
20. FILED 1/18/33 , 15	84	Frit		(Signed) W. Lee Theheur	M. D.	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MAR	RYLAND—	CERTIFICATE OF DEATH	16911
	1. PLACE OF DEATH		(57)	10011
1	County Cartymore		Registration Disty No.	
1	Village or City Carkville		No. 107 Yr. Villy Hell Ch	Ward
	Length of residence in city or town where death occurred	own (If	death occurred in a hospital or institution, we its NAME instead of street at the stre	
	M.00:		- Redilor-	
	2. FULL NAME // Warn Zan	1/1/0	2.	
COLORO	(a) Residence: No. / / // // // (Usua place	e of abode)	St., Ward. If nonresident give city or town	and State
	PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	1
		RRIED, WIDOWED,	21. DATE OF DEATH And	. >
	male White mark		(Month) (Day)	(Year)
	5a. If married, widowed, or divorced HUSBAND of	2 . 1		
	(or) WIFE of mas Wilson /	edites	22. I HEREBY CERTIFY, That I attend	
	S DATE OF BIRTH (month day and was hord, 20th	1819	Past saw h Lun alive on Libr 28 193	-
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 1023 12 m.	, , , , , , , , , , , , , , , , , , , ,
	64 0 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	2 Trade profession or particular	ormin.	were as follows:	Date of onset
	kind of work done, as SPINNER Lettred SAWYER, BOOKKEEPER, etc.		arthurs Deformany	1827
	9. Industry or business in which work was done, as SILK MILLS	in mosel		
	SAW MILL, BANK, etc.	our cy / warms	V	
	O this occupation (month and sp	time (years) ent in this cupation		
	41 .1 0.	Supation	Other Contributory Causes of importance:	
	12. BIRTHPLACE (city or town)	•		14 189
			auce regimes	3 may
	I // // // // // // // // // // // // //	_	Name of operation Date o	
	4. BIRTIPLACE (city or town)		What test confirmed diagnosis? Was there	
	15. MAIDEN NAME Sabelle Migs	it	23. If death was due to external causes (VIOLENCE) fill in also the folion	
	15. MAIDEN NAME Carelle Migs 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	
	E (State or country) VinRygum		Where did injury occur?	
	17. INFORMANT David & Redife	N	(Specify city or town, county and Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
	(Address) / A W. Pully Hell	ave.		
	18. BURIAL, CREMATION, OB REMOVAL	. / ->	Manner of injury	
	Destala /4020 Civilley Bate 102	20/1933	Nature of injury	
The second second	19. UNDERTAKER Proderick of soon	attons	24. Was disease or injury in any way related to occupation of deceased?	lis
-	(Address) 740/ Below and		If so, specify	
No. of Concession,	20 FILED MOT- 30 19 33 (1-741.1	Bacon	(Signed) Willy We Pear	M. D.
		Registrar.	(Address) St faul & Pristo Balts	ud.
	If more blanks are needed	address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ,	July 5,1927	Peritonitis	3 days ago
BILLIA			
Other contributory causes of importance:	THE STATE OF	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. AGE should be N. B.-WRITE PLAINLY, WITH

TION is very important. See instructions on back of certificate.

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	412
1. PLACE OF DEATH		92-0	010
County Baltimore		Registration Dist. No. 43	
Village or City Perry Hall		No. Belair Road St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where d		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Philip R	eichert		
(a) Residence: No. Perry		St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 2, (Month), (Day)	, 193. 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine	E. Reichert	22. HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)	pril 15, 1848	I last saw h_som_ alive on	3; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2 P m.	
85 6	17 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Farmer 11. Total time (years) spent in this	Chronic Valendar heart desiase. Chronic Selensis	Enga Styra -
	nown	Other Contributory Causes of importance:	
	nown nown	Tulmany dedema	Zdays
14. BIRTHPLACE (city or town)Unk	nown	Name of operation Date of What test confirmed diagnosis?	
	nown	23. If death was due to external causes VIOL ENCE) fill in also the following	
15. MAIDEN NAME Unk 16. BIRTHPLACE (city or town)Unk (State or country)		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Catherine E. (Address) Glen Arm,	Reichert Md.	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	Ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Michaels Ce	m pate Nov 5. , . , 1933.	Manner of injury	
19. UNDERTAKER Frederick (Address) 7401 Bela	ir Road	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 1/13 , 1933	1. a Fritzella	(Signed) a Tag Thebeut	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor--WRITE PLAINLY, WITH UNFADING IND-1111 ACT EXACT LY. PHYSICIANS mation should be carefully supplied. AGE should be stated EXACT LY. PHYSICIANS TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 103	13
1. PLACE OF DEATH	11.0	
County Ballenger	Registration Dist. No. 30	
Village or City Catorsulle (If	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death occurred &3 _yrsmos		
2. FULL NAME Elizabeth In Phodes		
(a) Residence: No. of agrees Laus	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE Colcl S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193.3 (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of WHEN H Rhodes	22. I HEREBY CERTIFY, That I attended de	eceased from
5. DATE OF BIRTH (month, day, and year) May 3- 1870	5 0	death is said
AGE Years Months Days If LESS then	to have occurred on the date stated above, at	
63 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, / SAWYER, BOOKKEEPER, etc. / Louse wisher	00.00.00.00.00	
	Light Pulse and Allen D.	nola
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	with the state of	Ma 7.20
10. Date deceased lest worked et this occupation (month end year) 11. Total time (years) spent In this all ly occupation occupation	2	
(State or country) 2. BIRTHPLACE (city or town) / toward Co	Other Contributory Causes of Importence:	
13. NAME wate Chao Thurston	ary.	NA6-1-3
14. BIRTHPLACE (city or town). Haward Co (State or country)	Name of operation Date of What test confirmed diegnosis? Clinical Full was there an aut	opsy?
15. MAIDEN NAME many Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
7. INFORMANT OF Rhodes.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E,
8. BURIAL, CREMATION, OR REMOVAL Place Odol Fillury Date 205 11, 1933	Manner of injury	
9. UNDERTAKER Clarence C bright (Address) 706 n Canallyntale	24. Wes disease or injury In any way related to occupation of deceased?	14
20. FILED NOW 9, 1933 Marshall Burgh.	(Signed) washall B wash	М. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

See instructions on back of certificate.

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1, PLACE OF DEATH	23
/ County Baltimore	Registration Dist. No. 9 38
Village or City. EUDOWOOD SANATORIUM, TOWSON	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. 3 mos. 2. FULL NAME Francis Marion R	ds. How long In U.S. If of foreign birth?
1000 ID: B.	2 Rallimon
(a) Residence: No. / / / O Columb (Usual place of abode)	St., Ward. /3 accumous If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MOL 4. COLOR OR RACE OR DIVORCED (write the wift) OR DIVORCED (write the wift)	21. DATE OF DEATH November 24 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May F. Rily	22 I HEREBY CERTIFY. That I attended deceased from 24, 19.26, to November 24, 19.33
6. DATE OF BIRTH (month, day, and year) October 30 1793	Hast saw h. M. elive on November 24 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 4
40 0 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, Motorman SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Strut Railway SAW MILL, BANK, etc. 10. Date decayed lest worked at this occupation manufactor.	Pulmmary Tuberculosis 1917
work was done, as SILK MILL, Shul Rally (10. Date deceased lest worked at/ 11. Total time (years)	
this occupation (manife and en 1922 spant in this / occupation / occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Fangure Co. (State or country) Virginia.	Office Continuous Causes of Importance.
13. NAME Francis M Reley	
13. NAME francis M Rilly 14. BIRTHPLACE (city or town) (State or country)	Name of operation What test confirmed diagnosis? X Zay Was there an au opsy? NO
15. MAIDEN NAME amelia Jennings	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME amelia Jenning 16. BIRTHPLACE (city or town) Vinginia. (State or country)	Accident, suicide, or homicide?
Hospital RecordsPersonal History	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Torude for Date 100 38 , 1933	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

(Address) Endowood

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-14
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforn should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RGIN RESERVED FOR BINDING

	WR	mation CAUS
7	T	EO
S. No.	E.	1-7-
S	ż	L

1. PLACE OF	elleure		1031
	A 1	10	Registration Dist, No. 30
Village or Cit	y. Celousu	lle (If	f death occurred in a hor real or involution, give its NAME instead of street and number)
Length ol reside	ence in city or town where		sds. How long in U. S. if ol loreign birth?yrsmos
2. FULL NAM	IE Horence	annie Rae	
(a) Residence	: No. /5312v.	Sombard St	St., Ward.
		(Usual place of abode)	If nonresident give city or town and State
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale	4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yea
5a. II married, widowe HUSBAND of (or) WIFE of	d, or divorced	0	22. HEREBY CERTIFY. That I attended deceased
a DATE OF STREET		2 22 / 689	1937, to 1937, 1938 death is
6. DATE OF BIRTH (m 7. AGE Years		Days II LESS than	I lest saw h
++	2	22 I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
SAWYER F	on, or particular rk done, as SPINNER, BOOKKEEPER, etc.	none	Chronis Intersteles nophelis 20
J. Industry or but work was of SAW MILL, work was of SAW MILL, which was on this occurrence of the same of the sam	lone, as SILK MILL, BANK, etc	Mone	
this occupa	last worked at tion (month and	11. Total time (years) spant in this occupation	Convesions Menna 29
TO DIDTIES OF C. I.	n h		Other Contributory Causes of importence:
12. BIRTHPLACE (city (State or count)		-J	0,000
当. NAME	svino (1. Pere	entito secolorez
14. BIRTHPLACE (city or town		Neme oI operation Oete of
(State of C	, , , , , , , , , , , , , , , , , , , ,	1 ase	What test confirmed diagnosis? Clinical & Makes there an au'opsy?
H 15. MAIOEN NAM	Bina	R. Swift	23. II death was due to external couses (VIOLENCE) fill in also the Tollowing:
16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide? Date of injury19_
∑ (State or c		ola_	Where did injury occur?
17. INFORMANT (Address)	531 W. (10	a Rul	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIC		, W	Manner of injury
Place.	rdon Pfs.	Oate/19.3.3.	Nature of injury
19. UNOERTAKER	langt "	ortific a	24. Wes disease or injury in any way related to occupation of deceesed?
20. FILED NOO	15, 19 33 M	anhale B West	(Signed) Marshaft B work (Address) Catonrulle high

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
C3 (2)			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones N T	May 1,1923	Gastroenteritis	1 year
12			

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0 // h
County County	Registration Dist. No. 4
Village or City Office	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	
2. FULL NAME Kathe E. DEA	A
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OF COLOR OF C	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of The Late Grack a Courty for Orly WIFE of The Late Grack a 2 2 - 1858 6. DATE OF BIRTH (month, day, and year) Jan 2 2 - 1858	1 HEREBY CERTIFY, That I attended deceased from 19 , to , 19 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 4 m.
74 // 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade profession or particular	Greb Valhemonhage 11/20/
kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	
2. BIRTHPLACE (city or town) Caroll Co, hud (State or country),	Other Contributory Causes of Importance:
13. NAME I. Glew ME Comas	
13. NAME 1. Slaum M = Comas 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME / Cattle E. Jammy Con 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL BOWDATE NOV. 28, 1933	Manner of Injury
19. UNDERTAKER Clause E. arthur (Address) & ork wid.	24. Wes disease or injury in eny wey related to occupation of deceased? Pro
20. FILED Nov 27 , 1933 Der Walter M. Hernmit	(Signed) [[[M. D.] [M. D.] [M. D.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:	• •	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

	OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH		23)
County Baltimore		Registration Dist. No. 41
Village or CityEUDOW(OOD -SANATORIUM, TO	WSONO. MD. St., Will death decurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred byrs. 3 mc	os. 10 ds. How long in U.S. if of foreign birth?
2. FULL NAME Christ	toler Schae	fer a f.
(a) Residence: No. 1811	(Usual place of abode)	MSt., Ward. Bulling, Md. If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5e. If married, widowed or divorced HUSBANO of (or) WIFE of	& hacler	22 I HEREBY CERTIFY. That I ettended decessed for august 1 1927 to November 11 193.
n n n	104 18 1278	Hast saw h Ly alive on Moreur 11, 1933; death is
6. DATE OF BIRTH (month, day, end year) // 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 20 H m.
5.5 5	2 2 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related gauses of Importence
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Watch maker	Duliman Interculosis februarios
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Q. 01.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occuration done had	11. Total time (yeers)	
this occupation anouth and 19	spent in this 20	
12. BIRTHPLACE (city or town) Bul	timore	Other Contributory Causes of importance:
(State or country)	Α	_
II 13. NAME Corrol &	charger	
14. BIRTHPLACE (city or town) Ba-	llemon	Neme of operation. None Date of
1 (Otete of country)		What test confirmed diegnosis? X-Rey Wes there an au opsy?
15. MAIDEN NAME M ILA	Rober	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Ellemor	Accident, suicide, or homicide?Oate of injury, 19
* (Stete or country) Hospital Records]	Personal History	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TO THE STATE OF T	ORIUM. TOWSON. MD.	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	MIOIN, TOWSON, MD.	Manner of injury
Place Woodlawn	Date 1100 13 , 19.39	Nature of injury
19. UNDERTAKER	rul St.	24. Was disease or injury In any way related to occupation of deceased? NO.
20. FILED NOV. 11 , 19 33	Will Buffes Neh Registrar.	(Signed) (Address) Eudowood San., Towson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	and and		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

OCCUPA-

Jo

Exact statement

RGIN RE

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	82-20
County Baltimore	Registration Dist. No. 30
Village or City Catonoville	ND. Ohlf Home St. Ward
(If Length of residence in city or town where death occurred Q vrs. Q mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos.	. O ds. How long in W.S. if of foreign birth? yrs, mos. ds.
2. FULL NAME / amazina fane S	callunes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Residence: No. Oblity Sanatonum (Vaul place of abode)	U.St., Ward. Cech Copies Balton Md
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (spring the word)	21. DATE OF DEATH
Temale White Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Single	aug 1932, 10 how 29 1933
6. DATE OF BIRTH (month, day, and year) November -23-1861	I last saw h. o alive on 29 , 19 37; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _/QP_m.
72 0 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc. Masseuse	Cerebral Helicontage 14
Mountry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	4-0-4
(State or country) Termany	arlelo scleroses
13. NAME Christian Schleunes	
13. NAME Christian Schleunes 14. BIRTHPLACE (city or town) 7 7	Neme of operation
(State of country)	What test confirmed diagnosis? Survey Was there an autopsy?
15. MAIOEN NAME Inside Louise Noll 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
m: 0 000 1:41	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Muss Clerky A Cutaur St. Balta City	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Corraine Generality Date Dec 1/33, 19	Nature of injury
19. UNDERTAKER Stewarf & Mowen Company	24. Was disease or Injury In any way related to occupation of deceased?
(Address) 108-20-north avenuel.	If so, specify
20. FILED Dea 1 , 1933 Manhall Blown	(Signed) Markalle 12 Wish A. M. D.
Registrar.	(Address) Caldundle Ma

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 1 1000	Other contributory causes of importance: Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenteruts	1 yeur

V. S. No. 1

PLACE OF DEATH County Balfanore		MARYLAND TE OF DEATH
	Registratio	on Dist. No. 34
Village or City Brushlandulle (No. Uld	loust Cond. St .: Wa	ard) (If death occurred in a hospital or institu- tion, give its NAME in- steed of street end
2FULL NAME Baly Dux Shaeffer		number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	, 120-2
DATE OF BIRTH NOV. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I	attended the deceased from
AGE If LESS that I day hrs day min.	end that death occurred on the dete sta . The CAUSE OF DEATH * was as follows	ted above, atm,
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or eountry)	(Dulantaluis V) (Duration) Contributory Secondary	5 months.)
10 NAME OF FATHER Bery Albin Shaffer 11 BIRTHPLACE OF FATHER (State or country) Parsall lo. Find.	(Signed)	
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Bulks. Cs. High.	1B LENGTH OF RESIDENCE (For He ients or Recent Residents) At place	
(Informant) Blue To the BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death? Former or usual residence	
(Informant) Seri flour sungfish (Address) Brooklandwille mid	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Nov 7 1983 DOMS. Registrar	20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer cour mine, who are engaged in the duties of the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicacmia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PL

-WRITE PLAINLY, WITH JNFADING INK-THIS IS A PERMANENT REGORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
-WRITE PLAINL	mation should be c	CAUSE OF DEAT	TION is very impo

į	9	STATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	16520
1	. PLACE OF DE	ATH			(82-0)	10000
1/	County Balt	imore			3.	2_
	Village or City_P	ikesville				
	Length of residence in	city or town where dea	th occurred	(lf yrsmos	No. 10 Church Lane St., death occurred in a horpital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?	and number)mosds.
2	. FULL NAME	Gertrude	E. Shipl	ey		
	(a) Residence: No.	10 Church L	ane, Pik	esville, l	Md • St., Ward. If nonresident give city or town	and State
	PERSONAL A	ND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
		hite	or divorces	RIED. WIDOWED. (write the word)	21. DATE OF DEATH No vember 7 (Month) (Day)	, 193 <u>3</u> (Year)
5e.	If married, widowed, or di HUSBAND of (or) WIFE of Walt		еу		22. I HEREBY CERTIFY, That I atten	
6.	DATE OF BIRTH (month,	day, end year) May	9. 1875		I last saw her alive on October 4 ,19-	
	AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at 9 . 30 Pm.	
	58	5	28	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	Date of onset
N	8. Trade, profession, or kind of work don SAWYER, BOOKK	particuler a, as SPINNER.			Acute Cardiac Dilatation	Few
OCCUPATION	Q Industry or hysiness	in which	ousewife	9		minutes
U.S.	work wes dona, a SAW MILL, BANK	s SILK MILL.				
000	10. Dete deceesed last w this occupetion (n year)	nonth end	11. Total ti spen occu	me (yeers) t in this pation		
12	BIRTHPLACE (city or town	n)			Other Coutributory Causes of Importence: Cerebral hemorrhage	March 4
	(State or country)	Maryland			Gerebiar nemorrnage	1923
ER	13. NAME JOS	ech H. Hime	s_		Arterial hypertension	1923
FATHER	14. BIRTHPLACE (city or	town)			Name of oparetion None Date	
	(State or country)	<u>Maryla</u>	nd		Whet test confirmed diagnosis? Clinical Was thera	an autopsy?No_
HER	15. MAIDEN NAME M	iss ? Brown			23. If deeth was due to externel ceusas (VIOL ENCE) fill in also tha folio	wing:
MOTHER	16. BIRTHPLACE (city or				Accident, suicide, or homicide? Data of injury	, 19
~	(Stete or country	3			Where did injury occur? (Specify city or town, county and	State
	(Address) 10 C	ter C. Ship hurch Lane,		lle, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATION, OR	100	m~	- 10 13	Menner of injury	
-	Plece Mud	Ridge	Dete /_ (_I_	: 10 ,1933	Neture of injury	
19.	UNDERTAKER	- I Tre	knego	Som	24. Wes disease or injury in any way releted to occupation of deceesad	No.
	(Address)	2	out	· Oa	If so, specify	
20,	FILED NOU 10	1933 ///	7.0.	mes	(Signed) O STUMBLE	M. D.
H				Registrar.	(Address) Pikesville, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR FI	URTHER STA	TEMENTS BY	PHYSICIAN
----------------	-----------	------------	------------	-----------

should state A PERMANENT RECORD. Every item of infor-Exact statement of stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. SNFADING INK-THIS IS RGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1 四 OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:00
County Ballenore	Registration Dist. No. 30
Village or City Catonsull	No Apring Grove Hospital, Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Len a Abeng len	
(a) Residence: No. 1505 W. Lexengton	St. Ward. Baltimore
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (was the word)	21. DATE OF DEATH ZG 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jungle	1 HEREBY CERTIFY, That I attended deceased from Left 24 1924, to Plow. 267, 1933
6. DATE OF BIRTH (month, day, and year) (26 4/873	I last saw h. 2 alive on 200 Z6 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
60 3 0 10ay,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Robert Oshove. 10. Date deceased last worked at this occupation (month and spant in this)	Ohr Endocarditus 12/2.
year) Do At 1924 occupation 10 7ps	Dther Contributory Causes of importance:
(State or country) Ind	artero. Scherosio 17/2.
13. NAME Carl W. Spengler 14. BIRTHPLACE (city or town).	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Louis Job 16. BIRTHPLACE (city or town) Baltimots (State or country) 17. INFORMANT Grand Appena Cera (Address) 14 L. Labretton Road	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Journal Date Jou IS 1933	Manner of injury
19. UNDERTAKER Win book (Address) 1217 St Paul	24. Was disease or injury in any way related to occupation of deceased? ?
20. FILED 1/25, 192) Registrar.	(Signed) 1864, C. Javett M. D. (Address) Catonarla Did.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AARGIN RESERVED FOR BINDING

	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1.	PLACE OF DEATH	23
	County Ballinore County	Registration Dist. No. 30
	Village or City Palorswille	No fing Grove Hospital Ward
	Length of residence in city or town where death occurred yrs/_O_m	(If death occurred in a hypital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred.	
2.	FULL NAME / Tose O / embe	a water
	(a) Residence: No. O Sulling (Usual place of abode)	St., Ward. If nonresident give city or town and State
Actions	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SI	EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
21	mule Hebrew married	(Month) (Day) (Year)
ba. 1	If married, widowed, or divorced	The Later day described to the Later day described from
	HUSBAND of Marris Steinberg	1 HEREBY CERTIFY, That I attended deceased from 1932 to There S. 1935
	1 10 50	Hast saw has alive on Nov. 3 , 1933; death is sa
6. D	GE Years Months Days If LESS than	to have occurred on the date stated above, at 145 P.m.
r. A	11 / 1 00 - 1 day, h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	8. Trade, profession, or particular	were as follows: Date of ons
O	kind of work done, as SPINNER, Houseurf	of A A .
PAT	9 Industry or husiness in which	Luherculosin Why
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	0
8	10. Date deceased last worked at this occupation (month and year).	,
	(Dans)	Other Contributory Causes of importance:
12.	(State or country)	B. 1 1-19.
œ	13, NAME Barney Siegael	Manie repressive regelions
THER	ADOM	Name of operation wone Date of
FAT	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnost Sees. Stelen Was there an autopsy?
HER	15, MAIDEN NAME GALLO Foldman	23. If deeth was due to external causes (VIO) ENCE) fill in also the following:
H	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
MOT	(State or country)	Where did injury occur? (Specify city or town, county and State)
17	INFORMANT Cone Cohen A	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	(Address) 749 Melany St.	2 2 2 2
18.	BURIAL, CREMATION, OLDENOVAL	Manner of injury
	Pleca Dete 1,19	Nature of injury
19.	UNDERTAKER JOHN JOHNS	24. Was disease or injury in any way related to occupation of deceased?
	(Address) A 1 734 8. 1 Sult TA	If so, specify than ever me
20.	FILED / 10 X/Clander	(Signed) Comment of the Comment of t
	Registrar.	(Address) Calonsully Style

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, nill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephricas	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 doys ago	
Other contributory causes Oimportunces		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 ycar	
13/				

PHYSICIANS should state NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLANLY, WITH

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL		MALLI	AINU.	CLIVIII	CAIL	OI	DEAL

County Daltimore Vilage or City. Catonsville No. No. 1 Movement of residence in city or town where death occurred. No. 1 Movement of residence in city or town where death occurred. 1 Movement of residence in city or town where death occurred. 2. FULL NAME MATY Helen Swett (a) Residence: No. Catons No. 1 Movement of the County of t	1	. PLACE OF DEA	ТН			97)	0323
Length of residence in city or town where death occurred yrs 1 mos. ds. How long in U.S. if of foreign birth; yrs mos. ds. 2. FULL NAME MATY Helen Swett (a) Residence: NoEdmonds on Ave & Ammery Lage Ward. (ii) Residence: NoEdmonds on Ave & Ammery Lage Ward. (b) Residence: NoEdmonds on Ave & Ammery Lage Ward. (iii) Residence: NoEdmonds on Ave & Ammery Lage Ward. (iii) PERSONAL AND STATISTICAL PARTICULARS S. SEX Fema 14 CLOR OR RACE (iv) Will to Work of Mark 15 S. SINGLE, MARRIEN, WIDOWED. (iv) Will to Work of Work of Mark 15 S. SINGLE, MARRIEN, WIDOWED. (iv) Will to Grand or Work of Mark 15 S. SINGLE, MARRIEN, WIDOWED. (iv) Will to Grand or Work of Mark 15 S. SINGLE, MARRIEN, WIDOWED. (iv) Will to Grand or Work of Mark 15 S. SINGLE, Marrien Work of Work of Mark 15 S. SINGLE, Marrien Work of Work of Marrien W	1	County Balt	imore			Registration Dist. Np. 3	0
2. FULL NAME MATY Helen Swett (a) Residence: NoEdmonds on Ave & Junnery Laste Ward. (a) Residence: NoEdmonds on Ave & Junnery Laste Ward. (b) Residence: NoEdmonds on Ave & Junnery Laste Ward. (c) Unablate of abody Ward. (c) Unablate of abody Ward. (d) Ward. (Enormaldent give city or town and State. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH November 22 1935 (Near) (da) Willed 5a. If merried, widowed, or divorced HUSAND of (Near) (da) Willed 5a. If merried, widowed, or divorced HUSAND of (Near) (da) Willed (da) Ward. (da) Ward. 5a. Mit merried, widowed, or divorced HUSAND of (Near) (da) Willed (da) Ward. 22. 1 HE RE BY C E R T I FY. That 1 attended decessed from Oct. 26, 1, 13-33, to. Nov. 22 1, 13-33. (dath secondary) (ex) Willed (a) Residence: NoEdmonds of view of vow one of the date state of Death (for will be now of word on the date stated above, at. 7.4.30. ft. 13-33, to. Nov. 22 1, 13-33. (b) Last set on the date stated above, at. 7.4.30. ft. 13-33, to. Nov. 22 1, 13-33. (c) Last of country on the date stated above, at. 7.4.30. ft. 13-33, to. Nov. 22 1, 13-33. (b) Date decessed list worked at worked at the work was done as SILK MILL. San MILL, BANK, etc. (a) Last of country of town. (b) Last of country of town. (c) Date decessed list worked at the work was done as SILK MILL. San MILL, BANK, etc. (a) Last of country of town. (b) Date decessed list worked at the country of the coun					_ ([f	death occurred in a hospital or institution, give its NAME instead of street and	number)
PERSONAL AND STATISTICAL PARTICULARS J. SEX PERDA Let COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OF DEATH NOVEMBER 22 1935 S. If merried, widowed, or divorced William 2 - 3 - 850 S. If merried, widowed, or divorced William 2 - 3 - 850 S. DATE OF BIRTH (month, day, and year) 2 - 3 - 850 S. DATE OF BIRTH (month, day, and year) 2 - 3 - 850 S. Trade, profession, or particular since with the second of the date states, at 7 a 0 .6 S. Trade, profession, or particular since with the second of the date states, at 7 a 0 .6 S. Trade, profession, or particular since with the second of the date states, at 7 a 0 .6 S. Trade, profession, or particular since with the second of the date states, at 7 a 0 .6 The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: SAW MILL, BARK, etc. D. Date deceased last worked at this occupation (month and year) SAW MILL, BARK, etc. D. Date deceased last worked at this occupation (month and year) SAW MILL, BARK, etc. SAW Saw or country) Sax Date or country) Sax Date of country) Sax Date of country) Canada 15. MAIDEN NAME AND Marie McLean 16. BIRTHPLACE (city or town). Sax Carappe Me. Name of operation. Deter Ceatributery Cases of importance: What test confirmed diagnosis? What test confirmed diagnosis? Was there an surveys? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Accidents, suicide, or homoide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Cat Onsev Lille, Md. M. D. (Address) Cat Onsev Lille, Md.	2	. FULL NAME	Mary He	len Swet	t	Tone	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX Fernal et. Colors or Race		(a) Residence: No	amonasoi				State
Female White Oscivose Device the word) 5.1 If merried, widowed, or diverced (Month) (Day) (Year) 1.1 HER BLY CERTIFY, that I attended decessed from Oct. 26., 19.33, to. Nov. 22. 1935. 5. DATE OF BIRTH (month, day, and year) 2-3-/850 5. DATE OF BIRTH (month, day, and year) 2-3-/850 7. AGE Years Months Day It It ILSS than 183 be to have occurred on the date stated above, at. 7.300. m. 8. Trade, profession, or particular winds of work done, as SPINNER. 8. Trade, profession, or particular winds of work done, as SPINNER. 8. Trade, profession, or particular winds of work done, as SPINNER. 8. Trade, profession, or particular winds of work done, as SPINNER. 8. Trade, profession, or particular winds of work done, as SPINNER. 8. Trade, profession, or particular winds of work done, as SPINNER. 8. Trade, profession, or particular winds winds of the control of the date stated above, at. 7.3.00. m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as tellows: 10. Date decessed last worked at this occupation on the compation. 11. Total time (years) spant in this properties of the country of the co		PERSONAL AN	D STATIST	ICAL PARTI	CULARS		
59. If merried, widowed, or divorced HUSEAND (cr) WIFE of	3.					November 22	, 193 3
7. AGE Years 9 19 1 day	5a.	HUSBAND of	orced				7.7
8. Frade, profession, or particular to the final of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SLOWER SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at spant in this socupation (month and year) 11. Totel time (years) spant in this socupation (month and year) 12. BIRTHPLACE (city or town). Mill Town N. B. (State or country) 13. NAME Samuel B. Swett 14. BIRTHPLACE (city or town). Saccarappe Me. (State or country) What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Ann Marie McLean 16. BIRTHPLACE (city or town). (State or country) Canada 17. INFORMANT (State or country) Canada 17. INFORMANT (State or country) Canada 18. BURIAL CREMAN WAS REMANDED AND LOWER STATES (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Menner of Injury 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury 24. West disease or injury is any way related to occupation of decessed? M. D. (Address) M. D. (Address) Catons VIII. So, specify (Signed) M. D. (Address) M. D. (Addre	_	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7 a 30 m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	; death is said
12. BIRTHPLACE (city or town) Mill Town N. B. (State or country) Canada 13. NAME Samuel B. Swett 14. BIRTHPLACE (city or town) Saccarappe Me. (State or country) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	TION	Nind of work done, SAWYER, BDOKKE	, as SPINNER, EPER, etc	200	nl.	Arterio sclerosis	-
12. BIRTHPLACE (city or town). Mill Town N. B. (State or country) Canada 23. NAME Samuel B. Swett 14. BIRTHPLACE (city or town). Saccarappe Me. (State or country) What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Ann Marie McLean 16. BIRTHPLACE (city or town). N. B. (State or country) Canada 17. INFORMANT Messenses of importance: What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury. Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Menner of Injury. 19. UNDERTAKER Messenses of importance: Menter Centributery Canases of importance: Other Centributery Canase of importance: Other Cent	OCCUPA	work was done, as SAW MILL, BANK, O. Date deceased last wo this occupation (mo	SILK MILL, etcrked at	11. Totel t	ima (years)		
13. NAME Samuel B. Swett 14. BIRTHPLACE (city or town) Saccarappe Me. (State or country) 15. MAIDEN NAME Ann Marie McLean 16. BIRTHPLACE (city or town) N. B. (State or country) 17. INFORMANT More Clarable Was deep dinjury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATINATOR PERFORMANT Date Marie Marie McLean 19. UNDERTAKER Marin Cook Mary deep Me. Name of operation. Dete of Marie McLean 20. FILED Marin Saccarappe Me. Name of operation. Dete of Marie Marie McLean 21. Information was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury where did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Nature of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceesed? If so, specify (Signed) M. D. (Address) Cat Onsville, Md.	12.			own N. I			~
15. MAIDEN NAME Ann Marie McLean 16. BIRTHPLACE (city or town) No. Bo (State or country) Canada Mere did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Menner of Injury Nature of inj	ER	13. NAME Samue	1 B. Swe	ett			
15. MAIDEN NAME Ann Marie McLean 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMANNANC Express Date 19. UNDERTAKER (Address) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Nature of injury 24. Wes disease or injury is any way related to occupation of decessed? If so, specify (Signed) (Signed) M. D. (Address) Cat Onsville, Md.	FATH		own) Sacca	arappe l	le.		
17. INFORMANT The Chas Hayder Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMAN NAOR RENOVALENCE. Date 125, 1920 Nenner of Injury. Nature of injury. 19. UNDERTAKER 1920 (Address) 24. Wes disease or injury in any way related to occupation of decessed? If so, specify. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Menner of Injury Nature of injury (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Signed) M. D. (Signed) (Address) Cat Onsville Md.	MOTHER	16. BIRTHPLACE (city or to		N. B.		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	g:
19. UNDERTAKER (Address) 20. FILED (Address) Date 1.	17.		Ca	Hay	den Me hed	(Specify city or town, county and State	ACE.
(Address) 3allo lus, If so, specify. (Signed) (Signed) (Address) (Address) Cat Onsville, Md.	18.	new B.	a mek	Date	/25 ,1920		
20. FILED (Address) Catonsville, Md.	19.		m C	Bali	lo wo.	If so, specify	no
	20.	FILED	2)	Su	1	(Address) Catonsville, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To b	oe	complete,	an	occupation	return	must	state:
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- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NOV 23 1023

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

/ ST	TATE	OF	MARYLAND	-CERTIF	FICATE	OF	DEATH
1. PLACE OF DEAT	Н			Bestrand	9200		

1. PLACE OF DEATH			(93-e)	10524
County Baltimore			Registration Dist. No. 3	,8
Village or City Towson,	Maryland		No. Sheppard and Enoch Pratt Ho	Stpital Ward
Langth of ranklange in city or town where d	leath assured		death occurred in a hospital or institution, give its NAME instead of st	
		- 1	ds. How long in U.S. If of foreign birth?yrs	as.
2. FULL NAME Alfred	W////	am Ino	mpson Didas IV	
(a) Residence: No.	(Usual place	of abode)	St., Ward. Ridgely Ma	ry lezua
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, (write the word)	21. DATE OF DEATH November 19	193 3
5a. If married, widowed, or divorced	man	ney.	(Month) (Day)	(Yeer)
HUSBAND OF Florence Tu	rner Ti	nompson	22. HEREBY CERTIFY, That I have. 18 1933 to how.	attended deceesed from
6. DATE OF BIRTH (month, day, and year)	to we ber	17.1865	I last saw h. Lana alive on 2000. 19	19.33 : death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the data stated above, at 3:28 Pm.	, , , , , , , , , , , , , , , , , , , ,
68 2	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importa- were as follows:	
Z 8. Trada, profession, or particular			Generalized arteriosclerorio	Date of anset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ostma	ster	Cerebral arterio selevoris	aver
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 ID. Date deceased last worked at this occupation (mostly and mostly and mostl	. Postat	Wept.	Chronic myocar ditis	sear of
1D. Date deceased last worked at this occupetion (month and yaar)	11. Total ti sper occu	me (years) it in this 20m	Chrone posser conjection	
12 DIDTIDI ACE (eller en house)			Other Contributory Canses of Importance:	· .
12. BIRTIIPLACE (city or town) (State or country)	ylvani	a	Parcherin - cardend	2 1144
13. NAME William Th	ouper	_	arteris sclewers	- 2
13. NAME William Th			1	Data of
(State or country) Eug	land		0.0	here an autopsy? 200
15. MAIDEN NAME Grace &	320016	24	23. If death was due to external causes (VIOLENCE) fill in elso tha	following:
15. MAIDEN NAME Grace &		8	Accident, suicide, or homicide? Data of injury	/, 19
E (Stata or country) 5 229.	land.		Where did injury occur?	10.
17. INFORMANT Hospital Recordance (Address)	rds		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HDME, or in PU	BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL and	Dete Kor	23 ,1933	Manner of injury	
19. UNDERTAKER V. V. MOO	70		24. Was disease or injury in any way releted to occupation of decar	ased? 20.
(Address) BCnL	٥٦		If so, specify	A A
20. FILED NOV 19 , 1933 W	n P. Gu	The Registrar.	(Signed) Arthur E. Pattrell	M. D.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

**A, **	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

County July 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City. Second support of the No. It and the Second support of	inf sta UP	1. PLACE OF DEATH	10541)
Length of residence in city or town where death occurred. Mys. men. ds. How long in U.S. if of foreign birth? men. ds.	of CC CC	County /2 allinors	Registration Dist. No. 094
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOGO OR RACE S. SINCLE MARRIER, WIDOWED COLOGO OR RACE S. SINCLE MARRIER, WIDOWED S. SINCLE MARRIER, WIDOWED COLOGO OR RACE S. SINCLE MARRIER, WIDOWED S. SINCLE MARRIER, WIDOWED COLOGO OR RACE COLOGO O	shor of 0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (b) March. (c) March. (c) March. (c) March. (d) March. (d) March. (e) March. (e) March. (e) March. (e) March. (f) March. (f) March. (f) March. (f) March. (e) March. (f) March.	NS nt	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3.5EX	Eve	2. FULL NAME Quine a. prace	4.
Sex 4 collog or Race Shorte, Martine Medical Cartificate of Death 3,5EX 4 collog or Race Shorte, Martine	RD.		
So. If married agrounds or deverted assess of the property of	SE S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 It LESS than 1 day, min. hts. months 1 day, min. hts. min. 1 day, min. hts. min. 8. Trade, profession, or particular particular profession, or particul	I.Y.	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) Months Days It LESS than I day. It less than I da	ANE ACT ssifted	5a. If married, widowas, or divorced HUSBAND OF (or) WIFE of Right and Strategy	
STATES, profession, or patitudes as SPINNER, Accessing to patitudes as SPINNER, Accessing to the season of the sea	EX EX Cl	6. DATE OF BIRTH (month, day, and year) Cuman 23-1889	
STATE OF PROBLEMS OF STATE OF	A F ed ed fica		
STATE OF PROBLEMS OF STATE OF	IS stat orol erti	47 ormin.	were as follows:
NAME OF THE PROPERTY OF THE PR		8. Trade, profession, or particular kind of work done, as SPINNER, Say, accused	Proudual Freumonia Curin
Work was done, as SILK MILL, Work was done, as SILK MILL, John Determined as SILK MILL, Jo	H	9 Industry or business in which	7757
This occupation (month and spent in this occupation) Other Cantributery Causes of importance: Scale or country) Name of operation. What test confirmed diagnosis? Was there an autopsy? Loc. 23. If death was due to external causes (VIOLENCE) fill in also the following: Acident, suicide, or homicide? Other Cantributery Causes of importance: Scale or country) Was there an autopsy? Loc. 23. If death was due to external causes (VIOLENCE) fill in also the following: Acident, suicide, or homicide? Other Cantributery Causes of importance: Scale or country) Was there an autopsy? Loc. 23. If death was due to external causes (VIOLENCE) fill in also the following: Acident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Other Cantributery Causes of importance: Scale or country) What test confirmed diagnosis? Was there an autopsy? Loc. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Other Cantributery Causes of importance: Scale or country) What test confirmed diagnosis? Was there an autopsy? Loc. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Other Cantributery Causes of importance: Scale or country) What est confirmed diagnosis? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Other Cantributery Specify wh		work was done, as SILK MILL, Olen Livel	
12. BIRTHPLACE (city or town) Cary Card Mame of operation. Date of	F-1		
12. BIRTHPLACE (city or town) Cary Card Mame of operation. Date of	IG AGE tha	year) occupation	Other Cantributory Causes of importance:
Name of operation. Date of. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? 15. MAIDEN NAME Viloueuse V, Neury 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT VILOUEUSE 18. BURIAL, OREMATION, OR TENNOVAL Place See See See See See See See See See S	so cti		Scatt hyreadily
Name of operation. Date of. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? 15. MAIDEN NAME Viloueuse V, Neury 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT VILOUEUSE 18. BURIAL, OREMATION, OR TENNOVAL Place See See See See See See See See See S	FA] ied. ns, stru	and a second	
What test confirmed diagnosis? Was there an autopsy? Action of the process of the		H 13. NAME Sauce Talleson	
What test confirmed diagnosis? Was there an autopsy? 10. What test confirmed diagnosis? Was there an autopsy? 10. What test confirmed diagnosis? Was there an autopsy? 10. What test confirmed diagnosis? Was there an autopsy? 10. What test confirmed diagnosis? Was there an autopsy? 10. What test confirmed diagnosis? Was there an autopsy? 10. What test confirmed diagnosis? Was there an autopsy? 10. What test confirmed diagnosis? Was there an autopsy? 10. What test confirmed diagnosis? Was there an autopsy? 10. If so, specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Where did injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) What test confirmed diagnosis? Was there an autopsy? 10. What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? 10. Accident, suicide, or homicide? Specify whether Injury occurr? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury	T -= 70	14. BIRTHPLACE (city or town)	
Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY,	ully pla		
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, OREMATION, OR REMOVAL Place Security whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER Saw Manner of Injury 24. Was disease or Injury in any way related to occupation of deceased? (Address) 19. UNDERTAKER Saw Manner of Injury (Address) 19. UNDERTAKER Saw Manner of Injury (Address)	- e - e	I S. MAIDEN WAITE OF COLUMN	
17. INFORMANT (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) See Cleybulle Bud 18. BURIAL, OREMATION, OR REMOVAL Place Place Place Bud 19. UNDERTAKER (Alw) Place Place Bud (Address) Place Place Bud 19. UNDERTAKER (Alw) Place Bud (Address) Place Bud (Ad	ca TTH por	State or country)	
(Address) (See Cleyswille Made 18. BURIAL, OREMATION, OR REMOVAL Place Releyswille Date 2001 17., 19.33 19. UNDERTAKER & Low Conference of Injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Address)	IN be	12:1- 18/ G x24	(Specify city or town, county and State)
18. BURIAL, OREMATION, OR TEMOVAL Place Seckleysville Date NOV 14, 19.33 Manner of Injury Nature of injury 19. UNDERTAKER & Aw Symptom (Address) Hampstend M. D. 20. FILED Nov. 13, 1933 C.E. Figure M. D. Registrat. (Address) Hampstend M. D. (Address) Hampstend M. D. (Address) Hampstend M. D.	uld uld		Specify whether injury occurred in INDUSTRY, In HOME, OF IN PUBLIC PLACE.
Place See Reys ville Date 107 17, 19.33 Nature of injury 19. UNDERTAKER & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & File Date 107 17, 19.33 20. FILED Work & Aw & FileDate 107 17, 19.33 20. FILED Work & Aw & FileDate 107 17, 19.33 20. FILED Work	40		Manner of Injury
(Address) Hempsterd M. D. 20. FILED M. 13, 1933 C. E. Foyde M. D. Registrar. (Address) Hampsterd M. D. (Address) Hampsterd M. D.	SE	Place Beckleysville Date 107/14, 1933	
20. FILED Mol. 13 1933 C. E. Foyobe M. D. (Signed) & M. Real M. D. Level Registrar. (Address) Hampstead had	matic CAU TIO		
	E C	20. FILED NOV. 13 1933 6.6. For the M. W.	(Signed) & M. Real J. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	4	Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arleriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 5 1005	July 5,1927	Peritonitis	3 days ago	
	BURBATINE				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-RGIN RESERVED FOR BINDING

1. PLACE O		OF MAR	YLAND—	CERTIFICATE OF DEATH	गेडिस
				Registration Dist. No. 39	
Village or C	ity Monkton			NoSt., death occurred in a hospital or institution, give its NAME instead of street and	War
Length of res	idence in city or town where	death occurred	(1) vrsmos	death occurred in a hospital or institution, give its NAME instead of street and second secon	number)
	ME Baby Tra				
	ice: No.			St., Ward. If nonresident give city or town and	l State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI Singl	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH Nov. 14 (Month) (Day)	, 19 3 3 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY, That I attended	deceased fro
6 DATE OF BIRTH	(month, day, and year)	Nov. 14, 1	933	last saw h alive on, 19, 19, 19	
7. AGE Yes		Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profe	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc		l ormin.	were as follows: Premature birth	
9. Industry or work wa	business in which s done, as SILK MILL, LL, BANK, etc.				-
- 1113 0000	ed last worked at pation (month and	11. Total ti	me (years) nt in this spation		
12. BIRTHPLACE (ci	ty or town) Monk			Other Contributory Causes of Importance:	
(State or cou	ntry) Baltimo	ore Co.			
13. NAME UI	nknown				
	(city or town)Nonl	cton, Md.		Name of operation Dete of	
œ	ME Sarah I. Ti	efton		What test confirmed diagnosis?	
16. BIRTHPLACE	(city or town)NOI			23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
	Irene Traf			Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMAT	non Chapel	Date Nov	. 18 ₁₉ 33	Manner of injury	
19. UNDERTAKER	P. Marklin &			24. Was disease or injury in any way related to occupation of deceased?	
	White Hall 3 , 19 33 I	rancis H.	Blake Registrar.	(Signed) Warraluseum Con (Address) Putter House	nem.

Sig. G.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7 6 2			
Other contributory causes of importance.	Manufin 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE C	OF	MARYLAND-CERTIFICATE O	F	DEATH

1. PLACE OF DEATH	93-C YW26.7
County Baltimore	Registration Dist. No. 4
0 (1	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds How long In U.S. N of foreign birth?
2. FULL NAME Clarence In. Trogs	Pa a
(a) Residence: No. 816 21. Bentalon of (Usual place of abode)	· St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Shute State of the word)	21. DATE OF DEATH And (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Coluce 4. (Kelly)	22. I HEREBY CERTIFY, That I attended deceased from 1933, 10 200.6, 1933
6. DATE OF BIRTH (month, day, end year) May 4 - 1876	I last saw have elive on Zood . 6 , 1933 ; deeth is said
7. AGE. Years Months Days If LESS than	to have occurred on the dete stated above, at
57 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Yrade, profession, or particular kind of work done, as SPINNER,	pate of onesot
SAWYER, BOOKKEEPER, etc.	Chrone / hypersallo 1931.
vork was done, as SILK MILL, SAW MILL, BANK, etc.	
9. **Hadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Direct deceased lest worked et this occupetion (month and year) year) Occupation	
12. BIRTHPLACE (city or town) Salto.	Other Contributary Causes of importance:
(State or country) Tred,	Level Cardiae Klitatahan 146/33
I 13. NAME John Isogler	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of county)	What test confirmed diagnosis? Simula full with there an eutopsy? les
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
E (State or country) Unknown	Where did Injury occur?
17. INFORMANT mo. alice f. Thogler (Address) 816 n. Bentalon St.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place London Park Date Mot. 10, 1933	Nature of injury
19. UNDERTAKER John G. Connelly (Address)	24. Was disease or injury in ony way related to occupation of deceased?
20. FILED 1/19 1933 July J. Cancelley	(Signed) M. D.
Registraf.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 Biss			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

N. B.

properly classified.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		92-0
County Ba	Etimore	Registration Dist. No. 42
Village or City 50 Lee	19 (11	f death occurred in a hospital or institution, give its NAME instead of street and number) 3. How long in U.S. if of foreign birth? yrs. mos. ds.
18	0 16	11/1/
2. FULL NAME	Jan Johnsy	Menmey -
(a) Residence: No. 2 2 2	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
56. If married, widowed, or divorced HUSBAND of (or) WIES-of	Wehmerer	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	I last saw h alive on 19 ; death is said to have occurred on the data stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Retired.	mital Regugilation
year) 12. BIRTHPLACE (city or town)	11. Total time (years) spent in this occupation 34/13	Other Contributory Causes of importanca:
(Stata or country)	ehmerger	acute dilatation of
13. NAME Denny 11 14. BIRTHPLACE (city or town) (State or country)	ermany	Name of oparation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CATHERY 16. BIRTHPLACE (city or town)	ine Mickler	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	7 /	Accident, suicide, or homicide? Date of injury, 19
2 (State or country) 17. INFORMANT A TOPPE (Address) 50	Mehmtyer	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A Koulden Pau	L. Data Leav. 27-, 19.33	Manner of injury
19. UNDERTAKER 1. B. Missk (Adgress) 1300 Sie	taw Place	24. Was diseasa or injury in any way ralated to occupation of daceased?
20. FILED MAN 26 , 1933 1	le Lief Registrar.	(Signed) Anna Jarrelle Long M.D. (Address) 24 Jella Alle Company D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	429
1	1. PLACE OF DEAT	ГН			93-2	
	County Balti	more			Registration Dist. No.	
	Village or City	Hebbville	2		NoSt,	Ward
	Length of rasidence in cit			yrsmos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?m	number)
	2. FULL NAME			e B. Weidem	leyer	
	(a) Residence: No.	Hebbville,	(Usual place	of shode)	St., Ward. If nonresident give city or town and	State
STATE	PERSONAL AN	D STATISTIC			MEDICAL CERTIFICATE OF DEATH	Diare
		R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) DWed	21. DATE OF DEATH November 22 (Month) (Day)	, 193 3 (Yaar)
5a	. If married, widowed, or divo HUSBAND of (or) WIFE of Rev	Peter C.	Weideme	eyer	22. I HEREBY CERTIFY, That I attanded May 19 35, to least	deceased from
6.	DATE OF BIRTH (month, day	, and yaar) Febr	ruary 18	, 1850	I last saw h er aliva on hou 2 2	
	AGE Years 83	Months 9	Days 4	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 3.40A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NO	8 Trade profession or as	articular as SPINNER,	None	ormin.	wara as follows: Myocoroleta	Pate of onset
OCCUPATION	B. Industry or business In work was done, as S SAW MILL, BANK, a	which				-
000	O. Date deceased last wor this occupation (more year)	kad at	spei	me (years) nt in this pation		-
12	BIRTHPLACE (city or town) (Stata or country)	Baltin Mar	ore ryland		Other Contributory Causes of importance:	-
ER	13. NAME	John Adam	Scher	nm		
FATHER	14. BIRTHPLACE (city or to (Stata or country)	wn)	Germai	av	Name of operation	
ER		Anna	A ?		What tast confirmed diagnosis?	
15. MAIDEN NAME Anna A? 16. BIRTHPLACE (city or town)					Accident, suicide, or homicide? Date of injury	
17. INFORMANT Mr. William A. Weidemeyer (Address) Woodlawn, Md.					(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Deta Nov. 24 19 33					Manner of injury	
19	UNDERTAKER 1003	A Baltin	nore St.	HC	24. Was disease or injury in any way related to occupation of deceased?	no
20	D. FILED /24/	3 17	1. Bu	ffer Registrar.	(Signed) A Communication (Signed) (Addrass) 4509 Liberty Heights Ave	M. D. ∋.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, WITH

V. S. No. 1

ż

1. PLACE OF DE	STATE O	r MAK	ILAND		0000
County Baltimore				Registration Dist. No.	
					Ward
			(11 5yrsmos	No. Hall Avenue St., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	sumber) sds.
2. FULL NAME	Georg	ge Freder	rick Weisen	born	
(a) Residence: No	. Hall Ave.,	Bloomf j	ield Park	St., Ward. If nonresident give city or town and	State
PERSONAL	AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. CO	White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 9 (Month) (Day)	, 193 3 (Year)
5e. If married, widowed, or HUSBAND of			/22 -	22. I HEREBY CERTIFY. That I attended	danaged from
(or) WIFE of	Lillian We	eisenborr	n (Nee Lupu		
6. DATE OF BIRTH (month	day and year) Jan	nuary 2.	1886	I last saw h_imalive on	
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, et. 4. Am.	
47	10	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
10 Date deceased last	ss in which as SILK MILL, Ball vor, etc worked at (month and 33	11. Total	time (years) ent in this supation 10 yr	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or to (State or country)	wn) Bal	timore (County		
	Frederick \	.,	rm d	1 mionus	
13. NAME		10200100		Neme of operation Language Date of	
(State or count	ry) M	arvland		What test confirmed diagnosis? Was there an a	utopsy?_
15. MAIDEN NAME	Mar	Scha	effer	23. If death was due to external causes (VIOL ENCE) fill In also the following	:
15. MAIDEN NAME 16. BIRTHPLACE (city (State or count	or town)	laryland		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17 INFURMANI	George Fred Ave., Bloo		,	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION,	BREMOVAL Com	Date NV	11,1933	Manner of Injury	
19. UNDERTAKER 100	seph 1	3 Comore St.	ok	24. Was disease or Injury In any wey related to occupation of deceesed?	MU
20. FILED MOV 9	1,1933 92	Ru	ffer Registrar.	(Signed) And James Halethory	pe. Md.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1.661

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		EEC → 1899 - 1893	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Ballimne -	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City It alect 1/2 (No. Judice	Registration Dist. No. 42 @ Cool St. Ward) a hospital or institu-
	wellano - a hospital or institu- tion, give its AME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
These 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 16 D. 18 , 1933 (Month) (Day) (Year)
Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from 1927, to Nov 18, 1933, that I lest saw h we alive on Nov 16, 1933,
7 AGE 67 yrs. 7 mos. 2.5 ds. or min.?	and that deeth occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maculeus Co. Va.	Reyo carottes & Productor is (Duration) The yrs mos _ ds. Contributory Sudden death while in her fraction Secondary Ocate Irlahelien (Durstion)
10 NAME OF FATHER Williams 11 BIRTHPLACE OF FATHER (State or country)	(Signed). Tredect of Deuler M. D. 176V18 1955 (Address). Vieley M. *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents) At place 7 yrs mos ds.
(Informant) Han William (Address) Heartifus - ked.	Where was disease contracted, if not at place of dee.h? Former or usual residence. 19 PLICE OF BURIAL OR REMOVAL LONGISTURE OF BURIAL 20 INDERTAKER ADDRESS / ADD
Filed 1933 The Registrer If more brenks are needed, address State Registrar	Storge L. Solwar 2101 Believe are, 16 W. Seratoga St., Balto, Requesting V. S. No. 1.

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W 4

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). work, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No. 1

A PERMANENT RECORD. Every item of infor-	ed EXACTLI FRISICIANS SHOULD STATE	berly classined. Exact statement of OCCUFA:	ficate.
SI	stat	pro	erti
IIS	2	pe	of
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EAACILI. FRISICIANS Should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCLEA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Baltimore	Registration Dist. No. 43
Village or City Querlea	No. 68/3 Delair Road St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME / Nary O. Wilson	
(a) Residence: No. 6 803 Black Coad	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White Maswed	Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE Ougane Milson	22. I HEREBY CERTIFY, That I attended deceased from
h. 0th 1055	I lest saw h ew elive on Nev 23 19 33; death is seld
6. DATE OF BIRTH (month, day, and year) 1907 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1135 cm.
78 6 14 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, At Home-SAWYER, BOOKKEPER, etc.	Chymia intersheal neghoutes 10 yrs
kind of work done, as SPINNER, At Aome SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et bis necenciation (month and spent in this second in this seco	attens schools 10 frs.
10 Date deceased last worked et this occupation (month and year) year)	
Policy Co.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Parlament Deducat 5 days
13. NAME Joseph Schanfter	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 14. State or country)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Lyncal right Was there an autopsy? Ma.
15. MAIDEN NAME Tathering Loute	23. If death was due to external couses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Talkering Lotte 16. BIRTHPLACE (city or town) Varynown (State or country) Warmany	Accident, suicide, or homicide? Oate of injury, 19
(State or country) Germany	Where did injury occur?
17. INFORMAN Der Tord & Walger (Address) 68/3 Blein Tord	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR RAMOVAL 9, More nov. 28, 1933	Menner of injury
19. UNDERTAKER Prederick Lasalm Jons	24. Wes disease or injury In eny wey related to occupation of deceased? 24.
(Address) 740103 elais Road	if so, specify
20. FILEO 14/25, 1933 9. a. Fitz M. L. Registrar.	(Signed) Whall are of Belan Rel
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	46)
onld	County Calto	Registration Dist. No. 35
_=	/ Village or City (Seutley	NoSt.,Ward
0	V	death occurred in a hospital or institution, give its NAME instead of street and number)
ent /		ds. How long in U.S. if of foreign birth?yrsmosds.
SICIAN	THE THE STATE OF T	
× 50/	(a) Residence: No. Quelley (Usual place of abode)	St., Ward. If nonresident give city or town and State
H Z	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, On DIVORCED (write the word)	21. DATE OF DEATH Nov. (Pay) (Year)
fled	5a. If married, widowed, or divorced	
A Cassin	HUSBAND OF Daniel-M Nilson	22. OHEREBY CERTIFICATION attended deceased from
EX cl.	6. DATE OF BIRTH (month, day, end year) Nov 14th 1870	I last saw h M elive of Och 3/ 1933 death is said
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 205 m.
stated E properly certificate	62 11 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
	8 Trade profession or particular	Date of onset
be of	kind of work done, es SPINNER, Journal SAWYER, BDOKKEEPER, etc.	Cuccingo inaco y
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Deto deceased last worked at this occupation (months and	propulgue !
sho it n on b	10. Deto deceased last worked at 11. Totel time (years)	
[7] + °	11. Totel time (years) this occupation (month and year)	
	Bolto Ro.	Dther Considery Causes of importance:
so so ucti	12. BIRTHPLACE (city or town) Care (State or country)	Vuentone In
supplied. 1 terms, ee instru	# 13. NAME Soloman Delpendarser.	Change and in 7
		me pays - coga
	14. BIRTHPLACE (city or town) Selections (State or country)	Neme of operation Dete of
efully in plai ant. S	15. MAIDEN NAME LOUIS A HOLLOWING ROW	What test confirmed diegnosis? Was there an aulopsy? Was there an aulopsy?
	15. MAIDEN NAME COULTA NOTICE PROPERTY. 16. BIRTHPLACE (city or town) Lew Freedows	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
TT. por	[State or country]	Where did injury occur?
	17. INFORMANT D. W. Wilson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
should OF D	(Address) Courtey Wea	, which is a second of the second of th
nn .	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	religion Treesan 77, Dete/1077, 1983	Nature of injury
ATION FION	19. UNDERTAKER Pulle H. Larteustery	24. Was disease or injury is any man related to occupation of deceased?
EOF	(Address) med buch hed	If so, specify
(1)	20. FILED NOV. 2 , 1923 Samuel & Philler	(Signed) & Cole / Volumer M. D.
	Registrar.	(Address) - fless freedown
	If more blanks are needed address State Peristran	Accent N. Charles Creek Palisiness Property (2) C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		AGE/III	
		R. C.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis.	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BI	PHYSICIAN

PHYSICIANS should state of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. AGE should be

CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1

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STATE OF MARY	AND-	CERTIFI	CATE	OF	DEATH
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-	U	4	7	1
.1	V	U	U	T

	1. PLACE OF	DEATH	1			(46)	
	County_Ba	ltimor	e			Registration Dist. No. 3 2	
Village or City Pikesville Length of residance in city or town where death occurredyrs						No.113 Church Lane St., f death occurred in a hospital or institution, give its NAME instead of street and it. ds. How long in U.S. if of foreign birth? yrs. mi	
	2. FULL NAM	ME Lo	uis Wir	and			
	(a) Residence	ce: No. 11	3 Churc	h Lane (Usual place	of abode)	St., Ward. If nonresident give city or town and	State
	PERSON	AL AND	STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3,	SEX Male	4. COLOR C		5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write tha word) ed	21. DATE OF DEATH No vember 6 (Month) (Day)	, 193 3 (Yaar)
5a	. If marriad, widowe HUSBAND of (or) WIFE of		ine Gur	ry		22. I HEREBY CERTIFY. That I attended Aug. 12 ,133 ,to Nov. 5	deceased from
6.	DATE OF BIRTH (month, day, ar	nd year) J	an. 5, 1	859	Hast saw h.im_alive on November 5	
7.	AGE Year 7	4	Months 10	Days 1	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at ll. Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
OCCUPATION	Industry or b work was SAW MILL 10. Date decease this occup.	ork dona, as BOOKKEEPER Jusiness In wh done, as SIL L, BANK, etc	SPINNER, R, etchich K MILL, I at and	spe	ime (years) nt in this upation	Carcinoma of Esophagus	About 1 year ago
12	. BIRTHPLACE (city	y or town)				Other Contributory Causes of importance:	
ER	13. NAME	John W	inand				
FATHER	14. BIRTHPLACE		Ge	rmany		Name of operation None Date of What test confirmed diagnosis? Biopsy Was there an a	
15. MAIDEN NAME Elizabeth Gaule 16. BIRTHPLACE (city or town) (Stata or country) Ireland						23. If death was due to external causes (VIOLENCE) fill in also tha following Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State	: , 19
17. INFORMANT Thomas J. Winand (Address) 113 Church Lane, Pikesville 18. BURIAL, CREMATION, OR REMOVAL Pladeoly Family Cemeter Date Nov. 8, 1933						Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA Manner of injury Natura of Injury	
19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave., Balto., Md. 20. FILED ROV 7, 1923 7 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					Balto., Md.	24. Was disease or Injury in any way related to occupation of deceased? No If so, specify (Signed) (Address) Pikesville, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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D. Every item of YSICIANS should Exact statement of

T THE A PROPERTY	THE RESERVE A PROPERTY ASSESSMENT ASSESSMENT		
DEALID	DEFARIMENT	GAY OF BALTIMO	

		_	6	4		-
	(=		U	9	J .	.)
TRICATE OF DEATH	(159)	•				

	CERTIFICAT	TE OF DEATH
	1. PLACE OF DEATH 3 Texas ave CITY OF BALTIMORE: (No. Paycill	Registered No. 36
	Length of residence in city or town where death occurredyrs	mosf.ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Baby bay Word (a) Residence: No. 3 Texas ave. Pa	
	(Usual place of abode)	(If non-resident give city or town and State)
ı	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rate.	3. SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) //- 28, 1933 22. I HEREBY CERTIFY, That I attended deceased from
1 1	5a. If married, widowed, or divorced	11-28- 1933, to 11-28, 1933
2	(or) WIFE of	I last saw h.A. alive on 11-28 1933 death is said
5	6. DATE OF BIRTH (month, day, year) //- 28 - 33	to have occurred on the date stated above, at 2 A m.
Dach	7. AGE Years Months Days If LESS than 1 dayhrs.	The principal cause of death and related canses of importance were as follows:
מונים מונים מונים	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Yunsturitys (22 uss)
Alle. Dec M	12. BIRTHPLACE (city or town) Parkerlle (State or country) Balto Crusty	Other contributory causes of importance:
in police	13. NAME Moyd Wood 14. BIRTHPLACE (city or town) Felton ga. (State or country)	Name of operation
very .	16. BIRTHPLACE (city or town). Balts (State or country)	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?Date of injury
21 12	16. BIRTHPLACE (city or town)	Where did injury occur?
DITT	17. INFORMANT (Address)	place.
10	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
3	Place Our pluses Date 11-29, 1933	Nsture of injury
	19. UNDERTAKER Zloyd Wood (Address) 3 Jexas ave. Carkville.	24. Was disease or injury in any way related to occupation of deceased?
1	20. FILED // 29 , 10.3.3 G. W. Bocon	(Signed) (Address) (217 Houthout Lit

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Examples:

The principal cause of death and related Date of onset causes of importance were as follows:
Attack of epilepsy 1 week ago
Run over by street car 1 week ago
Peritonitis 3 days ago
Other contributory causes of importance: Gastroenteritis 1 year
15 21 5, 19

V. S. No. 1

	PLACE OF DEATH
•	County Dell Muon
Vill	lage or Oity Spareno (No. mit
	2FULL NAME HEZOKIA
	PERSONAL AND STATISTICAL PARTICULARS
3 8	Male les loved of Bivor Widowed. Write the word)
6 E	DATE OF BIRTH
	Donot mand, 1
-	(Month) (Day)
7 ^	yrs. ATOS. ds. or
() P () b	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
9 E	(State or country) Sout Carolin
	10 NAME OF Jake Hordward
RENTS	OF FATHER (State or country) So . Carolina
PARE	12 MAIDEN NAME CONSTITUTE.
	13 BIRTHPLACE OF MOTHER (State or Country) So Carolin
14	(Informant) Saul Mulls
_	(Address) 317 No Caplus
15	Filed N. 27 19233 4. 1 10 Vermice

PLACE OF DEATH

STATE			109:	36
STATE	OF	MARY	YLAND	
CERTIFIC	CAT	E OF	DEAT	H

182

Registration Dist. No.

0	Hoodward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)			
	MEDICAL CERTIFICATE OF DEATH				
J	16 DATE OF DEATH MOY.	-7 , 19233			
		(Day)(Year)			
	17 I HEREBY CERTIFY, That I atto	// A			
<u>/</u>	that Lleat any N slive on	192			
an	and that death occurred on the date stated a	above, at 8:30 Am.			
ırs.	The CAUSE OF DEATH & was as follows:	, ,			
n.g	ercalcular as	stylea			
	Caused by care-in of a pity	in Which he			
0	was digging a with	**************************************			
20	(Duration)	yrsde.			
	Contributory	999499669669988669988669988669999999999			
/	(Durgion)	Bre post			
	(Signed) As WIII Juck	the one			
	NA x 7, 19933 (Address) person	Alout. mg			
_	*State the Disease Causing Death, Violent Causes, state (1) Means of Injunctional, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether			
	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-			
	At plece of deethyrsds. In the	yrsmosds,			
-	Where was disease contracted, if not at place of deeth?	***************************************			
	Former or usual regidence				
7	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL			
	Winstorough SC.	110129, 1932			
3	20 UNDERTAKER	19 alla			
,	Sach A proces	77000			

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registras

If LESS th

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimenal wind, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, arrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measlee; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., ol or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.